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     (FILE 'HOME' ENTERED AT 14:36:54 ON 31 AUG 2007)

     FILE 'CAPLUS, MEDLINE' ENTERED AT 14:37:25 ON 31 AUG 2007
L1             0 S HOT FLASHE? (P) CALCIUM (P) VITAMIN D (P) FOLIC ACID
L2             0 S HOT FLASHES (P) CALCIUM (P) VITAMIN D (P) FOLIC ACID
L3            33 S HOT FLASHES (P) CALCIUM
L4             0 S L3 AND VITAMIN B6
L5             8 S L3 AND VITAMIN D
L6             0 S L5 AND FOLIC ACID
L7             0 S L5 AND VITAMIN B6
L8             0 S L5 AND VITAMIN B12
L9            25 S L3 NOT L5
L10            0 S L9 AND ?COBALAMIN
L11           11 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) C
L12            0 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) C
L13            0 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) C
L14            0 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) C
L15            1 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) C
L16           10 S L11 NOT L15
L17           38 S HOT FLASHES (P) VITAMIN
L18            8 S HOT FLASHES (P) VITAMIN D
L19            0 S HOT FLASHES (P) FOLIC ACID
L20           54 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) F
L21            9 S L20 AND VITAMIN B
L22           45 S L20 NOT L21
L23           23 S L22 AND CALCIUM
L24           14 S L23 AND VITAMIN D
L25            9 S L23 NOT L24
L26            1 S BONE LOSS (P) CALCIUM (P) VITAMIN D (P) FOLIC ACID (P) VITAMI
L27            1 S BONE LOSS (P) CALCIUM (P) VITAMIN D (P) FOLIC ACID (P) VITAMI
L28           42 S CALCIUM (P) VITAMIN D (P) FOLIC ACID (P) VITAMIN B6 (P) VITAM
L29            7 S L28 AND MENOPAUSE?
L30            8 S L28 AND ?MENOPAUSE?
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L5 ANSWER 1 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2003:922958 CAPLUS
DOCUMENT NUMBER: 139:390546
TITLE: Management of postmenopausal osteoporosis: Defining the role of raloxifene
AUTHOR(S): Wellington, Keri; Plosker, Greg L.
CORPORATE SOURCE: Adis International Inc., Yardley, PA, USA
SOURCE: Disease Management & Health Outcomes (2003), 11(10), 673-692
CODEN: DMHOFV; ISSN: 1173-8790
PUBLISHER: Adis International Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review. Postmenopausal osteoporosis is a very common disease, and approx. half of all women aged > 50 yr will experience an osteoporotic fracture during the remainder of their lifetime. The predominant cause of postmenopausal osteoporosis is the decline in estrogen levels, which causes an increase in bone turnover, and results in a loss of bone mass throughout the entire skeleton. Fragility fractures, either vertebral or nonvertebral, have a considerable adverse effect on quality of life in women with osteoporosis and place a significant burden on society in terms of health-care costs. Management of postmenopausal osteoporosis includes alteration of modifiable risk factors (e.g. lifestyle and propensity to fall), ensuring adequate calcium and vitamin D intake, and pharmacol. treatment to decrease fracture risk by slowing or preventing bone loss and preserving bone strength. Raloxifene (Evista), a selective estrogen receptor modulator that partially mimics the effects of estrogen on bone and lipid metabolism and acts as an antiestrogen in the breast and endometrium, is indicated for the prevention and treatment of postmenopausal osteoporosis. Raloxifene increases bone mineral d. at vertebral and nonvertebral sites, and decreases the risk of vertebral fracture to a similar extent to the bisphosphonates alendronate and risedronate. However, effects on nonvertebral fracture risk, including the risk of hip fracture, have not been observed Raloxifene appears to reduce breast cancer risk (in women at average risk) and cardiovascular risk (in women at increased risk) without stimulating the endometrium, and does not cause vaginal bleeding or breast pain. However, the drug causes hot flashes in some women, and increases the risk of venous thromboembolic events by about the same amount as hormone replacement therapy (HRT). In economic models, raloxifene is cost effective compared with no treatment, HRT, calcitonin, or alendronate for the prevention or treatment of postmenopausal osteoporosis. In conclusion, raloxifene is a valuable and cost-effective therapy for preventing the progression of osteoporosis and for reducing vertebral fracture risk in osteoporotic postmenopausal women. The tendency for raloxifene to cause hot flashes, and its apparent lack of effect on hip fracture risk, may preclude its use in women with vasomotor symptoms and in patients at high risk for hip fracture. Results from large ongoing trials are needed to confirm the effects of raloxifene on breast cancer and cardiovascular disease. However, the effects of raloxifene on breast cancer and cardiovascular risk without stimulating the endometrium make the drug an attractive therapy for the prevention and treatment of postmenopausal osteoporosis.
REFERENCE COUNT: 157 THERE ARE 157 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L5 ANSWER 2 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2003:894637 CAPLUS
DOCUMENT NUMBER: 140:145221
TITLE: Nutritional approaches to late toxicities of adjuvant chemotherapy in breast cancer survivors
AUTHOR(S): Rock, Edwin; DeMichele, Angela

CORPORATE SOURCE: Division of Hematology Oncology, University of Pennsylvania School of Medicine, Philadelphia, PA, 19104, USA
SOURCE: Journal of Nutrition (2003), 133(11S-1), 3785S-3793S
CODEN: JONUAI; ISSN: 0022-3166
PUBLISHER: American Society for Nutritional Sciences
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review. Adjuvant chemotherapy of breast cancer decreases the recurrence rates and prolongs survival at the cost of both acute and chronic side-effect toxicities. Breast cancer survivors who have received adjuvant chemotherapy may suffer from late effects of chemotherapy, including congestive heart failure, neuropathy, premature menopause, and osteoporosis. Nutritional approaches to these problems are distinct in their orientation and success. Study of free radical scavengers for anthracycline-induced cardiomyopathy was born from known pathogenetic mechanisms of cardiotoxicity, but has been universally disappointing thus far in clin. trials. Application of agents used for diabetic neuropathy suggests that evening primrose oil, α-lipoic acid, and capsaicin may all play a role in the empiric options available to patients with chemotherapy-induced neuropathy. Plant-derived prepns., including black cohosh (Actaea racemosa), dong quai (Angelica sinensis), evening primrose (Oenothera biennis) and red clover (Trifolium pretense), are used by patients experiencing hot flashes due to premature menopause despite paucity of clin. data demonstrating either safety or efficacy. Calcium and vitamin D are widely accepted as an effective means to retard bone loss leading to osteoporosis. Nutritional approaches to late effects of breast cancer chemotherapy offer prospects of preventing or ameliorating these sequelae of treatment. Except for vitamin D and calcium for prevention of bone loss, current clin. evidence supporting use of nutritional agents remains sparse.

REFERENCE COUNT: 114 THERE ARE 114 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L5 ANSWER 3 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2002:721190 CAPLUS
DOCUMENT NUMBER: 137:273150
TITLE: Meta-analysis of raloxifene for the prevention and treatment of postmenopausal osteoporosis
AUTHOR(S): Cranney, Ann; Tugwell, Peter; Zytaruk, Nicole; Robinson, Vivian; Weaver, Bruce; Adachi, Jonathan; Wells, George; Shea, Beverley; Guyatt, Gordon
CORPORATE SOURCE: The Osteoporosis Methodology Group, USA; The Osteoporosis Research Advisory Group
SOURCE: Endocrine Reviews (2002), 23(4), 524-528
CODEN: ERVIDP; ISSN: 0163-769X
PUBLISHER: Endocrine Society
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Objective: To review the effect of raloxifene on bone d. and fractures in postmenopausal women. Data Source: We searched MEDLINE from 1966 to 2000 and examined citations of relevant articles and the proceedings of international osteoporosis meetings. Study Selection: We included seven trials that randomized women to raloxifene or placebo, with both groups receiving similar calcium and vitamin D supplementation, and measured bone d. for at least one year. Data Extraction: For each trial, three independent reviewers abstracted the data and assessed the methodol. quality using a validated tool. Data Synthesis: Data from one large dominating trial suggest a reduction in vertebral fractures with a relative risk (RR) of 0.60 [95% confidence interval (CI) 0.50-0.70, P < 0.01]. The RR of nonvertebral fractures in patients given 60 mg or more of raloxifene in the larger study was 0.92 (95% CI

0.79-1.07, P = 0.27). Raloxifene resulted in pos. effects on the percentage change in bone d., which increased over time and was independent of dose. At the final year, point ests. and 95% CIs for the differences in percent change in bone d. (95% CI) between raloxifene and placebo groups were 1.33 (95% CI 0.37-2.30) for total body, 2.51 (95% CI 2.21-2.82) for lumbar spine, 2.05 (95% CI 0.71-3.39) for combined forearm, and 2.11 (95% CI 1.68-2.53) for combined hip (P < 0.01 at all four sites). Results were similar across studies, and formal tests of heterogeneity did not approach conventional statistical significance. Raloxifene slightly increased rates of withdrawal from therapy as a result of adverse effects (RR 1.15, 95% CI 1.00-1.33, P = 0.05). The pooled RR was significant for hot flashes 1.46 (95% CI 1.23-1.74, P < 0.01) and nonsignificant for leg cramps 1.64 (95% CI 0.84-3.20, P = 0.15). Conclusion: Raloxifene increases bone d., and the effect increases over 2 yr. The data suggest a pos. impact of raloxifene on vertebral fractures. There was little effect of raloxifene on nonvertebral fractures.

REFERENCE COUNT: 20 THERE ARE 20 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L5 ANSWER 4 OF 8 MEDLINE on STN
ACCESSION NUMBER: 2006676314 MEDLINE
DOCUMENT NUMBER: PubMed ID: 17049847
TITLE: How to evaluate the risk-benefit ratio of the low-dose hormone replacement therapy?.
AUTHOR: Rozenbaum Henri
CORPORATE SOURCE: President of the French Menopause Society (AFEM), 15 rue Daru, 75008 Paris, France.. henri.rozenbaum@wanadoo.fr
SOURCE: The Journal of steroid biochemistry and molecular biology, (2006 Dec) Vol. 102, No. 1-5, pp. 256-60. Electronic Publication: 2006-10-17. Ref: 33
Journal code: 9015483. ISSN: 0960-0760.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200701
ENTRY DATE: Entered STN: 21 Nov 2006
Last Updated on STN: 24 Jan 2007
Entered Medline: 23 Jan 2007

AB Since the results of the women health initiative study showing an overall negative risk-benefit ratio with 0.625 mg of conjugated estrogens plus 2.5mg of medroxyprogesterone acetate, the use of the lowest effective dose of steroids in hormone replacement therapy (HRT) is recommended. A low-dose regimen appears to induce less side effects such as breast tenderness or leg pain than do higher dose preparations. The decrease in hot flashes with low-dose estrogens, range 60-70%, is less than the 80-90% reduction with standard dosing. But this mean that 60-70% of menopausal women do not need higher doses. The same applies to bone preservation which is dose dependent: the number of non-respondant women will be higher than with standard doses. However, randomized double-blind, placebo controls trials have defined positive effects on bone of low doses of HRT with adequate calcium and Vitamin D in elderly women. The use of bone densitometry and of biochemical markers of bone turnover is mandatory in women using low or ultra-low-dose preparations. In spite of the lack of trials conducted with low-dose HRT, this treatment seems to be safer: Beside the low-dose HRT, one must consider some other facts: In the future, it is conceivable that more comprehensive pharmacogenomic studies will lead to effective algorithms for individualizing the right dose of steroids to be used in HRT.

L5 ANSWER 5 OF 8 MEDLINE on STN
ACCESSION NUMBER: 2005248063 MEDLINE

DOCUMENT NUMBER: PubMed ID: 15885584
TITLE: Promoting general health during androgen deprivation therapy (ADT): a rapid 10-step review for your patients.
AUTHOR: Moyad Mark A
CORPORATE SOURCE: Phil F. Jenkins Director of Complementary & Alternative Medicine, Department of Urology, University of Michigan Medical Center, Ann Arbor, 48109-0330, USA.. moyad@umich.edu
SOURCE: Urologic oncology, (2005 Jan-Feb) Vol. 23, No. 1, pp. 56-64. Ref: 55
Journal code: 9805460. ISSN: 1078-1439.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200509
ENTRY DATE: Entered STN: 12 May 2005
Last Updated on STN: 28 Sep 2005
Entered Medline: 27 Sep 2005

AB Androgen deprivation for prostate cancer use to be applied only in the latter stage of the disease process, thus, the issue of promoting general health during this time was not a concern because the subject of life and death was more paramount. However, thanks to earlier detection of prostate cancer, there has been a general stage migration in this disease. Men are choosing these traditionally late stage therapies earlier and earlier. Therefore, the subject of quality of life on this treatment has now garnered as much attention as the survival issues. Cognitive or mental health concerns, cholesterol changes, hot flashes , osteoporosis, and other side effects are being addressed and treated with a variety of conventional medicines. However, the issue of the role of the patient or what men can do personally to promote better mental and physical health is desperately needed in this area. A variety of beneficial lifestyle changes and over-the-counter agents may have an enormous impact on men's health during androgen deprivation. Calcium and vitamin D supplements, aerobic and resistance exercise, cholesterol awareness and reduction, weight loss, and other individual changes could have an enormous impact on the quality and quantity of a man's life. Some of these so called "bottom line" recommendations are reviewed in this article to empower the patient during this time, and to send clearly the message that he has a role to play apart from just picking up and using a prescription drug for side effects, and his role is just as critical for improving the probability of living longer and better.

L5 ANSWER 6 OF 8 MEDLINE on STN
ACCESSION NUMBER: 2003530407 MEDLINE
DOCUMENT NUMBER: PubMed ID: 14608115
TITLE: Nutritional approaches to late toxicities of adjuvant chemotherapy in breast cancer survivors.
AUTHOR: Rock Edwin; DeMichele Angela
CORPORATE SOURCE: Division of Hematology Oncology, University of Pennsylvania School of Medicine, Philadelphia, PA 19104, USA.
SOURCE: The Journal of nutrition, (2003 Nov) Vol. 133, No. 11 Suppl 1, pp. 3785S-3793S. Ref: 114
Journal code: 0404243. ISSN: 0022-3166.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200312
ENTRY DATE: Entered STN: 11 Nov 2003
Last Updated on STN: 24 Dec 2003

Entered Medline: 23 Dec 2003

AB Adjuvant chemotherapy of breast cancer reduces recurrence rates and prolongs survival at the cost of both acute and chronic toxicities. Breast cancer survivors who have received adjuvant chemotherapy may suffer from late effects of chemotherapy including congestive heart failure, neuropathy, premature menopause, and osteoporosis. Nutritional approaches to these problems are distinct in their orientation and success. Study of free radical scavengers for anthracycline-induced cardiomyopathy was born from known pathogenetic mechanisms of cardiotoxicity but has been universally disappointing thus far in clinical trials. Application of agents used for diabetic neuropathy suggests that evening primrose oil, alpha-lipoic acid, and capsaicin may all play a role in the empiric options available to patients with chemotherapy-induced neuropathy. Plant-derived preparations including black cohosh (Actaea racemosa), dong quai (Angelica sinensis), evening primrose (Oenothera biennis), and red clover (Trifolium pretense) are used by patients experiencing hot flashes due to premature menopause despite a paucity of clinical trial data demonstrating either safety or efficacy. Calcium and vitamin D are widely accepted as an effective means to retard bone loss leading to osteoporosis. Nutritional approaches to late effects of breast cancer chemotherapy offer the prospect of preventing or ameliorating these sequelae of treatment. However, except for vitamin D and calcium for prevention of bone loss, current clinical evidence supporting use of nutritional agents remains sparse.

L5 ANSWER 7 OF 8 MEDLINE on STN
ACCESSION NUMBER: 2002443702 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12202467
TITLE: Meta-analyses of therapies for postmenopausal osteoporosis. IV. Meta-analysis of raloxifene for the prevention and treatment of postmenopausal osteoporosis.
AUTHOR: Cranney Ann; Tugwell Peter; Zytaruk Nicole; Robinson Vivian; Weaver Bruce; Adachi Jonathan; Wells George; Shea Beverley; Guyatt Gordon
CORPORATE SOURCE: Osteoporosis Methodology Group and The Osteoporosis Research Advisory Group.
SOURCE: Endocrine reviews, (2002 Aug) Vol. 23, No. 4, pp. 524-8. Ref: 19
Journal code: 8006258. ISSN: 0163-769X.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(META-ANALYSIS)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200302
ENTRY DATE: Entered STN: 31 Aug 2002
Last Updated on STN: 3 Apr 2003
Entered Medline: 7 Feb 2003

AB OBJECTIVE: To review the effect of raloxifene on bone density and fractures in postmenopausal women. DATA SOURCE: We searched MEDLINE from 1966 to 2000 and examined citations of relevant articles and the proceedings of international osteoporosis meetings. STUDY SELECTION: We included seven trials that randomized women to raloxifene or placebo, with both groups receiving similar calcium and vitamin D supplementation, and measured bone density for at least one year. DATA EXTRACTION: For each trial, three independent reviewers abstracted the data and assessed the methodological quality using a validated tool. DATA SYNTHESIS: Data from one large dominating trial suggest a reduction in vertebral fractures with a relative risk (RR) of 0.60 [95% confidence interval (CI) 0.50-0.70, $P < 0.01$]. The RR of nonvertebral fractures in patients given 60 mg or more of raloxifene in

the larger study was 0.92 (95% CI 0.79-1.07, P = 0.27). Raloxifene resulted in positive effects on the percentage change in bone density, which increased over time and was independent of dose. At the final year, point estimates and 95% CIs for the differences in percent change in bone density (95% CI) between raloxifene and placebo groups were 1.33 (95% CI 0.37-2.30) for total body, 2.51 (95% CI 2.21-2.82) for lumbar spine, 2.05 (95% CI 0.71-3.39) for combined forearm, and 2.11 (95% CI 1.68-2.53) for combined hip (P < 0.01 at all four sites). Results were similar across studies, and formal tests of heterogeneity did not approach conventional statistical significance. Raloxifene slightly increased rates of withdrawal from therapy as a result of adverse effects (RR 1.15, 95% CI 1.00-1.33, P = 0.05). The pooled RR was significant for hot flashes 1.46 (95% CI 1.23-1.74, P < 0.01) and nonsignificant for leg cramps 1.64 (95% CI 0.84-3.20, P = 0.15). CONCLUSION: Raloxifene increases bone density, and the effect increases over 2 yr. The data suggest a positive impact of raloxifene on vertebral fractures. There was little effect of raloxifene on nonvertebral fractures.

L5 ANSWER 8 OF 8 MEDLINE on STN
ACCESSION NUMBER: 85197653 MEDLINE
DOCUMENT NUMBER: PubMed ID: 3994291
TITLE: Current considerations of the menopause.
AUTHOR: Wu C H
SOURCE: Annals of clinical and laboratory science, (1985 May-Jun) Vol. 15, No. 3, pp. 219-28.
Journal code: 0410247. ISSN: 0091-7370.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198505
ENTRY DATE: Entered STN: 20 Mar 1990
Last Updated on STN: 20 Mar 1990
Entered Medline: 30 May 1985

AB Menopause occurs in approximately 50 percent of women by the time they reach the age of 50. Increased lifespan owing to modern medical achievement allows women to spend more than one-third of their life time in menopausal period. Although mechanism of ovarian aging is not fully understood, menopause associated clinical problems can be controlled and improved. Estrogen replacement therapy in conjunction with a progestin regimen not only controls hot flashes, osteoporosis, dyspareunia, and other estrogen-deficiency symptoms, but also prevents the potential risk of estrogen treatment such as endometrial and/or breast carcinoma and cardiovascular disorders. In addition to hormonal therapy, nutritional supplements such as calcium and vitamin D, and physical exercise are essential to the well-being of women in the post-menopausal period.

L9 ANSWER 15 OF 25 MEDLINE on STN
ACCESSION NUMBER: 2000120296 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10656503
TITLE: Symptom reporting around the menopause in Beirut, Lebanon.
AUTHOR: Obermeyer C M; Ghorayeb F; Reynolds R
CORPORATE SOURCE: Department of Population and International Health, Harvard University, Boston, MA 02115, USA.
SOURCE: Maturitas, (1999 Dec 15) Vol. 33, No. 3, pp. 249-58.
Journal code: 7807333. ISSN: 0378-5122.
PUB. COUNTRY: Ireland
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, U.S. GOV'T, NON-P.H.S.)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200003
ENTRY DATE: Entered STN: 14 Mar 2000
Last Updated on STN: 14 Mar 2000
Entered Medline: 2 Mar 2000

AB OBJECTIVES: to assess the extent to which women in Beirut suffer from symptoms in the course of the menopause transition, and to measure the medical management of menopause. METHODS: a survey was carried out on a representative sample of 298 women; the questionnaire collected information on respondents' sociodemographic characteristics, life circumstances, general health, and reproductive health; it also included a symptom checklist, questions on the management of menopausal symptoms, and lifestyle questions. RESULTS: the article documents the frequencies of various symptoms associated with aging and menopause; the number of symptoms reported by respondents is negatively associated with employment, but other associations with sociodemographic variables are not significant; smoking is found to be high in the study population and is associated with the occurrence of hot flashes, but its association with other menopausal symptoms is not significant; over a third of the women seek help in dealing with the symptoms they experience, 15% use hormone replacement therapy, and 20% use calcium supplements.

L9 ANSWER 16 OF 25 MEDLINE on STN
ACCESSION NUMBER: 2000110619 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10646699
TITLE: Nonprimate animal models of menopause: workshop report.
AUTHOR: Bellino F L
CORPORATE SOURCE: Biology of Aging Program, National Institute on Aging, Bethesda, Maryland 20892-9205, USA.
SOURCE: Menopause (New York, N.Y.), (2000 Jan-Feb) Vol. 7, No. 1, pp. 14-24.
Journal code: 9433353. ISSN: 1072-3714.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200002
ENTRY DATE: Entered STN: 9 Feb 2000
Last Updated on STN: 9 Feb 2000
Entered Medline: 3 Feb 2000

AB OBJECTIVE: Menopause, an understudied, normal biological process in middle-aged women, is associated with loss of fertility and increased risk for osteoporosis and cardiovascular disease. Appropriate animal models allow in-depth investigation of biological mechanisms that underlie the increased risk for adverse health events in menopausal women. Although some species of older female nonhuman primates experience a menopause-like condition, with cessation of reproductive cycles, decreased bone density, and perhaps an increased risk for atherosclerosis, several factors restrict their usefulness for research (e.g., expense of purchase and

care, relatively small numbers of animals available, risk for disease transmission to humans, limited facilities for experimentation). Thus, it may be useful to consider nonprimate animal species as potential models for pathophysiological changes associated with loss of reproductive function. DESIGN: A workshop was convened in June 1998 at the National Institutes of Health to explore the suitability of nonprimate animal species in this context. The focus of this workshop was on middle-aged, ovariectomized females of various laboratory animal species and the ability of exogenous estrogen to reverse pathophysiological changes in the skeleton, cardiovascular system, and thermoregulatory control mechanisms in these species. CONCLUSIONS: Of the species considered (mice, rats, dogs, rabbits, pigs, and sheep) and because of the limitations of relatively small amounts of research in ovariectomized, middle-aged animals for most of these species, mice (largely because of transgenic technology) have the potential to be good models for the effect of ovariectomy and estrogen replacement on associated bone and cardiovascular changes. Rats are an excellent model for bone but a poor model for the cardiovascular system changes associated with loss of reproductive function. Usefulness of the pig, which is usually considered to be a good model for the human cardiovascular system, is limited by the dearth of information available on ovariectomized mature pigs in cardiovascular and bone studies, sensitivity of bone density to dietary calcium, the difficult-to-manage size of regular pigs, and the relatively high cost of minipigs. Rabbits show good potential as a cardiovascular model despite the limited numbers of studies and the difference from primates in coronary artery structure. Although rabbits are the smallest species known to have Haversian bone remodeling processes, the limited number of bone studies in ovariectomized rabbits is confounded by effects of dietary calcium. Although there are virtually no studies on the cardiovascular system of the ovariectomized dog, bone studies that have been conducted suggest that it is a poor model for the menopausal human. Furthermore, the role of estrogen in bone and cardiovascular physiology is difficult to interpret because of the limitation of two estrus cycles per year in the dog. The sheep seems to be a promising large animal model for the bone and cardiovascular systems, but more research is needed. Of the species examined for estrogen effects on vasomotor symptoms (guinea pig, mouse, rat, and monkey), only rats and monkeys show evidence of hot flashes associated with loss of reproductive function.

L9 ANSWER 17 OF 25 MEDLINE on STN
ACCESSION NUMBER: 1999450119 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10520416
TITLE: [Results of international clinical trials with raloxifene]. Resultats des etudes cliniques internationales du raloxifene.
AUTHOR: Agnusdei D; Liu-Leage S; Augendre-Ferrante B
CORPORATE SOURCE: Eli Lilly & Co., Florence, Italie.. agnusdeidonato@lilly.com
SOURCE: Annales d'endocrinologie, (1999 Sep) Vol. 60, No. 3, pp. 242-6. Ref: 18
Journal code: 0116744. ISSN: 0003-4266.
PUB. COUNTRY: France
DOCUMENT TYPE: (ENGLISH ABSTRACT)
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: French
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199911
ENTRY DATE: Entered STN: 11 Jan 2000
Last Updated on STN: 11 Jan 2000
Entered Medline: 23 Nov 1999

AB A new drug class called Selective Estrogen Receptor Modulators (SERM) could combine ideal properties for a product designed for menopausal

women. The most widely studied member of this class is raloxifene which is currently marketed in several countries for the prevention of osteoporosis in menopaused women. This product is a nonsteroidal derivative of benzothiophene which, like estrogens, has a preventive effect against bone loss involving the spine and peripheral skeleton and a cholesterol lowering effect, both in the ovariectomized rat and in menopausal women. Unlike estrogens, raloxifene does not stimulate breast or uterine tissue. These interesting properties make raloxifene a possible preventive treatment for osteoporosis and other menopause-related risks for menopausal women of all ages. Multicenter studies have been conducted in recently menopausal women who received either raloxifene at the doses of 30, 60, or 150 mg/day or a placebo in a randomized protocol. All subjects were also given calcium supplementation. Bone density was measured twice a year for 36 months by dual X-rays absorptiometry and showed a significant decrease at all sites in the placebo group while there was a significant increase in the spine, the hip and the overall skeleton for all three raloxifen groups. After 24 months of treatment, mean increase over placebo was 2.4% for 60 mg raloxifene measured on the spine and total hip and 2% for the overall skeleton. Markers of bone formation (serum osteocalcin and bone alkaline phasphatase) and resorption (urinary CrossLaps) decreased significantly reaching, after 3 to 6 months of treatment, the levels observed in non menopausal women. In addition, total serum cholesterol as well as LDL-cholesterol decreased significantly in a dose-dependent fashion in all groups treated with raloxifene. Serum HDL-cholesterol and triglycerides did not very significantly during treatment. Hot flashes were the most frequently observed undesirable effect, at a frequency slightly higher in the raloxifene group (25%) than in the placebo group (18%). This undesirable effect was of low intensity and generally occurred during the first months of treatment. It did not cause a higher drop out rate (raloxifen 1.5%; placebo 2.1%). The preliminary data at two years follow-up suggest that raloxifene is not associated with an increased risk of breast cancer. In conclusion, raloxifene is a particularly interesting drug for menopausal women showing very promising efficacy and clinical tolerance.

L9 ANSWER 18 OF 25 MEDLINE on STN
ACCESSION NUMBER: 96363949 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8725181
TITLE: A controlled trial of raloxifene (LY139481) HCl: impact on bone turnover and serum lipid profile in healthy postmenopausal women.
AUTHOR: Draper M W; Flowers D E; Huster W J; Neild J A; Harper K D; Arnaud C
CORPORATE SOURCE: Lilly Research Laboratories, Eli Lilly and Company, Indianapolis, Indiana, USA.
SOURCE: Journal of bone and mineral research : the official journal of the American Society for Bone and Mineral Research, (1996 Jun) Vol. 11, No. 6, pp. 835-42.
Journal code: 8610640. ISSN: 0884-0431.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199612
ENTRY DATE: Entered STN: 28 Jan 1997
Last Updated on STN: 3 Mar 2000
Entered Medline: 23 Dec 1996

AB This randomized, double-blind, placebo-controlled, multicenter, 8-week study evaluated short-term effects of raloxifene on bone turnover, serum lipids, and endometrium in healthy, postmenopausal women. A total of 251

women received either placebo, raloxifene HCl 200 or 600 mg/day, or conjugated estrogens (Premarin, 0.625 mg/day). Bone turnover (serum alkaline phosphatase, serum osteocalcin, urinary pyridinoline cross-links, urinary calcium excretion, urinary hydroxyproline) and serum lipids (total serum cholesterol, high- and low-density lipoprotein cholesterol [HDL-C and LDL-C]) were evaluated at weeks 0, 2, 4, and 8. Endometrial biopsies were performed at weeks 0 and 8. Treatment groups were compared for each parameter for baseline-to-endpoint changes. The estrogen and raloxifene groups experienced similar decreases in serum alkaline phosphatase (range 10-11%), serum osteocalcin (range 21-26%), urinary pyridinoline cross-links (range 20-26%), and urinary calcium excretion (range 45-72%). These decreases differed significantly compared with placebo-treated subjects for all markers except serum osteocalcin, the raloxifene HCl 200 mg group. LDL-C decreased significantly in the estrogen and both raloxifene groups (range 5-9%) compared with placebo-treated subjects. HDL-C increased significantly in the estrogen group (16%) but was unchanged in the raloxifene groups. HDL-C:LDL-C ratios increased significantly in the estrogen and raloxifene groups (range 9-29%). Serum cholesterol decreased significantly in both raloxifene groups (range 4-8%) but was unchanged in the estrogen group. Uterine biopsies of raloxifene-treated subjects showed no change in the endometrium during this short-term treatment. Biopsies of the estrogen group showed significant endometrial stimulation. The only adverse event possibly related to raloxifene was vasodilatation (hot flashes) which was most common in the raloxifene HCl 600 mg group. Study results indicate that raloxifene may provide beneficial effects to bone and serum lipids in humans without uterine stimulatory effects.

L9 ANSWER 19 OF 25 MEDLINE on STN
ACCESSION NUMBER: 95335015 MEDLINE
DOCUMENT NUMBER: PubMed ID: 7610643
TITLE: The management of menopausal symptoms in women with breast cancer.
AUTHOR: Jubelirer S J
CORPORATE SOURCE: CAMC Cancer Care Center, West Virginia School of Medicine, Charleston Division, USA.
SOURCE: The West Virginia medical journal, (1995 Feb) Vol. 91, No. 2, pp. 54-6.
Journal code: 0413777. ISSN: 0043-3284.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199508
ENTRY DATE: Entered STN: 28 Aug 1995
Last Updated on STN: 28 Aug 1995
Entered Medline: 15 Aug 1995

AB The symptomatic postmenopausal woman with breast cancer presents the clinician with a difficult task with respect to hormone replacement therapy (HRT). All of the published meta-analyses have been consistent in showing that there is a slightly increased risk of developing breast cancer in those patients using postmenopausal estrogens for greater than 10 years. However, there have been no published placebo-controlled clinical trials on the effects of HRT in women with a history of breast cancer. Quality of life must be balanced against the theoretical risk of tumor promotion. Assessment of osteoporotic and cardiac risk factors (i.e., smoking, hypertension, family history, hyperlipidemia) should influence the decision. Valid alternatives to estrogen replacement include low-dose progesterones such as Bellergal or vitamin E for hot flashes, and biphosphonates, calcium, anabolic steroids, and calcitonin for osteoporosis.

L9 ANSWER 20 OF 25 MEDLINE on STN

ACCESSION NUMBER: 90191448 MEDLINE
DOCUMENT NUMBER: PubMed ID: 2138265
TITLE: Treatment of endometriosis with a long-acting gonadotropin-releasing hormone agonist plus medroxyprogesterone acetate.
AUTHOR: Cedars M I; Lu J K; Meldrum D R; Judd H L
CORPORATE SOURCE: Department of Obstetrics and Gynecology, University of California, Los Angeles.
SOURCE: Obstetrics and gynecology, (1990 Apr) Vol. 75, No. 4, pp. 641-5.
Journal code: 0401101. ISSN: 0029-7844.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199004
ENTRY DATE: Entered STN: 1 Jun 1990
Last Updated on STN: 1 Jun 1990
Entered Medline: 26 Apr 1990

AB Highly potent agonists of gonadotropin-releasing hormone (GnRH) have been shown to reduce pelvic pain due to endometriosis and the size and number of implants seen at laparoscopy. The accompanying symptoms and problems associated with the hypoestrogenism induced by the agonist have reduced its acceptability and raised questions about its safety. In an attempt to optimize this form of therapy, we treated eight women with endometriosis with daily subcutaneous injections of a potent agonist of GnRH plus a daily oral dose of 20-30 mg of medroxyprogesterone acetate for 24 weeks. Ovarian estrogen secretion was reduced to levels seen in castrated women throughout the course of treatment. Markers of hypoestrogenism, such as hot flashes and loss of calcium from bone, were diminished with this regimen compared with previous findings with GnRH agonist alone. Blinded evaluation of laparoscopic photographs failed to reveal improvement or suppression of active endometriosis. The results of this pilot study indicate that the addition of medroxyprogesterone acetate decreases the hypoestrogenic effects of GnRH agonist alone but fails to affect pain or endometriotic implants.

L9 ANSWER 21 OF 25 MEDLINE on STN
ACCESSION NUMBER: 90053218 MEDLINE
DOCUMENT NUMBER: PubMed ID: 2683703
TITLE: Clinical therapeutics of endometriosis, Part 2.
AUTHOR: Rumore M M; Rumore J S
SOURCE: American pharmacy, (1989 Oct) Vol. NS29, No. 10, pp. 40-4.
Ref: 40
Journal code: 7801164. ISSN: 0160-3450.
Report No.: PIP-059843; POP-00195145.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals; Population
ENTRY MONTH: 198911
ENTRY DATE: Entered STN: 28 Mar 1990
Last Updated on STN: 1 Nov 2002
Entered Medline: 29 Nov 1989

AB The 2nd part of a review on medical therapy of endometriosis discusses pseudopregnancy brought on by oral contraceptives, and pseudomenopause induced by Danazol and GnRh agonist therapy. Oral contraceptives are not FDA approved for endometriosis, but many physicians prescribe 1 tablet daily for 2 weeks, then 2 tablets daily for 6-12 months, or higher doses in case of breakthrough bleeding. Pills cause endometrial decidual changes initially then atrophy. Danazol selectively inhibits release of FSH and LH by the pituitary, resulting in anovulation and atrophy of the endometrium. It is currently the preferred and most effective medical

therapy for endometriosis, and is approved for this indication. It is used in doses of 200-800 mg in 2 divided doses, or 400-800 mg/day preoperatively. Side effects are androgenic, some of which are not reversible, antiestrogenic, metabolic and nonspecific, i.e., muscle spasms. Drug interactions such as increased insulin requirements have been reported. The GnRH antagonists, nafarelin, buserelin, histrelin and leuprolide must be given subcutaneously or nasally. The anti-ovarian side effects, hot flashes, calcium loss, vaginal dryness and insomnia are more prevalent than the androgenic side effects, weight gain, edema, myalgia, and decreased libido reported with Danazol. Clinical and laparoscopic evidence of improvement is temporary with drug treatment, in contrast to surgery. Infertility is common even with mild endometriosis, and the condition may recur, even after pregnancy.

L9 ANSWER 22 OF 25 MEDLINE on STN
ACCESSION NUMBER: 87145433 MEDLINE
DOCUMENT NUMBER: PubMed ID: 2950349
TITLE: Treatment of endometriosis with a long-acting gonadotropin-releasing hormone agonist.
AUTHOR: Steingold K A; Cedars M; Lu J K; Randle D; Judd H L; Meldrum D R
SOURCE: Obstetrics and gynecology, (1987 Mar) Vol. 69, No. 3 Pt 1, pp. 403-11.
Journal code: 0401101. ISSN: 0029-7844.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 198703
ENTRY DATE: Entered STN: 3 Mar 1990
Last Updated on STN: 3 Mar 1990
Entered Medline: 30 Mar 1987

AB Sixteen women with endometriosis were treated with daily subcutaneous injections of a potent agonist of gonadotropin-releasing hormone (GnRH) for six months. Ovarian estrogen secretion was reduced to castrate levels during most of the course of treatment. Blinded evaluation of laparoscopic photographs confirmed marked suppression of visually apparent disease, but biopsy specimens showed occult, inactive endometriosis in most cases. Marked pain relief was noted by all patients. As a result of this "medical oophorectomy," the women experienced severe hot flashes, and many had insomnia and emotional disturbances. Vaginal cytology showed menopausal changes but related symptoms were generally mild. Calcium excretion rose to menopausal levels. High-density lipoprotein and total cholesterol remained unchanged. These results indicate that GnRH agonist administration has impressive effects on endometriotic implants, and these actions may be enhanced with longer therapy. Further development of this new form of therapy should involve either use of lesser degrees of ovarian suppression or adjunctive therapy to counter the side effects of "medical oophorectomy."

L9 ANSWER 23 OF 25 MEDLINE on STN
ACCESSION NUMBER: 83228332 MEDLINE
DOCUMENT NUMBER: PubMed ID: 6407324
TITLE: Estrogen replacement therapy by transdermal estradiol administration.
AUTHOR: Laufer L R; DeFazio J L; Lu J K; Meldrum D R; Eggena P; Sambhi M P; Hershman J M; Judd H L
SOURCE: American journal of obstetrics and gynecology, (1983 Jul 1) Vol. 146, No. 5, pp. 533-40.
Journal code: 0370476. ISSN: 0002-9378.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)

LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 198307
ENTRY DATE: Entered STN: 19 Mar 1990
Last Updated on STN: 19 Mar 1990
Entered Medline: 29 Jul 1983

AB To determine whether the nonoral administration of estradiol (E2) might provide physiologic replacement without alteration of hepatic function, 20 postmenopausal women were studied before and after 3 weeks of treatment with either E2-containing transdermal therapeutic systems or placebo. Twenty premenopausal women were also studied. With E2-containing systems, serum E2 and estrone levels were restored to the premenopausal range. Variable responses of the different biochemical and biologic markers of the actions of E2 were observed. The most sensitive marker was vaginal cytology, with the E2 dosage reverting the maturation index to premenopausal values. Hot flashes, measured objectively, were reduced in frequency but not abolished. Serum levels of follicle-stimulating hormone and luteinizing hormone were lowered but remained higher than the premenopausal range. No significant changes were noted in urinary calcium/creatinine and hydroxyproline/creatinine ratios, which were used as markers of bone resorption. With active systems, no significant changes were noted in the concentrations of the hepatic proteins renin substrate and thyroxine-binding globulin or in the binding capacities of cortisol-binding globulin and sex hormone-binding globulin. These results indicate that transdermal E2 administration may be used to provide estrogen replacement while exerting limited effects on hepatic function.

L9 ANSWER 24 OF 25 MEDLINE on STN
ACCESSION NUMBER: 82230253 MEDLINE
DOCUMENT NUMBER: PubMed ID: 7046670
TITLE: Menopausal endocrinology and management.
AUTHOR: Korenman S G
SOURCE: Archives of internal medicine, (1982 Jun) Vol. 142, No. 6, pp. 1131-6. Ref: 39
Journal code: 0372440. ISSN: 0003-9926.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 198208
ENTRY DATE: Entered STN: 17 Mar 1990
Last Updated on STN: 17 Mar 1990
Entered Medline: 7 Aug 1982

AB Entry into menopause is associated with a severe diminution of ovarian estrogen and progesterone secretion and a reduction of circulating androgens, although, in the presence of ovaries, a degree of testosterone secretion persists. Menopause is associated to a varying degree and severity, with hot flashes--a disorder of central thermoregulation--progressive sex tissue atrophy, and accelerated bone mineral loss that eventually leads to a substantial prevalence of osteoporosis, with spine, hip, and radial fractures, particularly in thin, inactive smokers with low calcium intake. Treatment with estrogens eliminates hot flashes and sex tissue atrophy and prevents osteoporosis. Unfortunately, oral estrogen therapy results in overstimulation of the liver, producing secreted proteins and an increased risk of endometrial carcinoma and gallbladder disease. The addition of a progestogen will diminish the risk of endometrial carcinoma, presumably by reducing estrogen-receptor concentration and increasing estradiol dehydrogenase activity but will usually result in vaginal bleeding in women with uteri. The use of estrogen therapy with or without a progestin should be an informed joint decision of physician and patient that must be reevaluated regularly as new information becomes available.

L9 ANSWER 25 OF 25 MEDLINE on STN
ACCESSION NUMBER: 81271451 MEDLINE
DOCUMENT NUMBER: PubMed ID: 7022279
TITLE: Estrogen replacement therapy.
AUTHOR: Judd H L; Cleary R E; Creasman W T; Figge D C; Kase N; Rosenwaks Z; Tagatz G E
SOURCE: Obstetrics and gynecology, (1981 Sep) Vol. 58, No. 3, pp. 267-75. Ref: 88
Journal code: 0401101. ISSN: 0029-7844.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 198110
ENTRY DATE: Entered STN: 16 Mar 1990
Last Updated on STN: 16 Mar 1990
Entered Medline: 25 Oct 1981

AB The use of estrogen replacement therapy in postmenopausal women is under close scrutiny. The indications and side effects of replacement therapy are reviewed, and recommendations regarding its use are made. Hot flashes, atrophy of the vaginal epithelium, and prevention of osteoporosis have been established as indications for estrogen replacement therapy. Prevention of cardiovascular disease, aging changes of skin, and the occurrence of mental illness have also been suggested as indications, but beneficial effects of estrogen replacement therapy for these problems have not been clearly established. Studies have shown that side effects of estrogen replacement therapy include endometrial cancer, hypertension, gallbladder disease, and angina pectoris. Breast cancer may also be a risk factor, but a consensus of opinion has not been established. Pulmonary embolism, cerebral vascular accident, or myocardial infarction has not been associated with estrogen replacement therapy. The use of progesterone with estrogen replacement therapy has been shown to reduce the occurrence rate of endometrial carcinoma, but it does not prevent all the actions of estrogen. Oral administration of estrogen is the preferred route despite misgivings about portal absorption and liver metabolism. Further studies must examine this question. Various agents have been shown to be effective in treating some climacteric symptoms. These include progesterone for hot flashes and calcium for the prevention of osteoporosis. Other agents may also be effective but have not been tested critically.

L9 ANSWER 1 OF 25 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2007:592105 CAPLUS
DOCUMENT NUMBER: 147:30816
TITLE: Preparation of deuterated aryloxypropylamines with serotoninergic and/or norepinephrinergic activity
INVENTOR(S): Gant, Thomas G.; Sarshar, Sepehr
PATENT ASSIGNEE(S): Auspex Pharmaceuticals, Inc., USA
SOURCE: PCT Int. Appl., 114pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.		DATE
WO 2007062119	A1	20070531	WO 2006-US45202		20061122
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW				
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
US 2007155820	A1	20070705	US 2006-562890		20061122
PRIORITY APPLN. INFO.:			US 2005-739261P	P	20051123
			US 2006-837830P	P	20060811

OTHER SOURCE(S): MARPAT 147:30816
GI

* STRUCTURE DIAGRAM TOO LARGE FOR DISPLAY - AVAILABLE VIA OFFLINE PRINT *

AB Ar1OCR1Ar2CR2R3CR4R5NR6R7 (R1-R5, R7 = H, D; R6 = Me, CDH2, CD2H, CD3; Ar1 = Q1-Q4; R8-R19 = H, D; Ar2 = Q5, Q6; R20-R27 = H, D; with provisos), were prepared as monoamine reuptake inhibitors for the treatment and/or management of psychotropic disorders, anxiety disorder, generalized anxiety disorder, depression, post-traumatic stress disorder, obsessive-compulsive disorder, panic disorder, hot flashes, senile dementia, migraine, hepatopulmonary syndrome, chronic pain, nociceptive pain, neuropathic pain, painful diabetic retinopathy, bipolar depression, obstructive sleep apnea, psychiatric disorders, premenstrual dysphoric disorder, social phobia, social anxiety disorder, urinary incontinence, anorexia, bulimia nervosa, obesity, ischemia, head injury, calcium overload in brain cells, drug dependence, and/or premature ejaculation (no data). Thus, d3-3-methylamino-1-phenylpropan-1-ol (preparation given) in Me2SO was treated with NaH followed by heating at 55° for 30 min.; 4-chlorobenzotrifluoride was added followed by heating at 90° for 1 h to give d3-methyl-[3-phenyl-3-(4-trifluoromethylphenoxy)propyl]amine (d3-fluoxetine).
REFERENCE COUNT: 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 2 OF 25 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2007:536891 CAPLUS

DOCUMENT NUMBER: 146:521685
TITLE: Preparation of substituted phenylpiperidines with serotoninergic activity and enhanced therapeutic properties
INVENTOR(S): Gant, Thomas G.; Sarshar, Sepehr
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 59pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2007112031	A1	20070517	US 2006-598572	20061113
WO 2007058998	A2	20070524	WO 2006-US43917	20061113
WO 2007058998	A3	20070719		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW

RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AP, EA, EP, OA

PRIORITY APPLN. INFO.: US 2005-736581P P 20051114
US 2005-741530P P 20051201

OTHER SOURCE(S): MARPAT 146:521685
GI

* STRUCTURE DIAGRAM TOO LARGE FOR DISPLAY - AVAILABLE VIA OFFLINE PRINT *

AB Title compds. I [R1-20 independently = H or D], and their pharmaceutically acceptable salts, are prepared and disclosed as having serotonergic activity. Thus, e.g., II was prepared by cyclocondensation of 3,4'-dihydroxybenzaldehyde with CD2Cl2 followed by reduction, alkylation with methanesulfonic acid trans-(4R,3S)-4-(4-fluorophenyl)-1-methylpiperidin-3-ylmethyl ester, and a demethylation sequence to provide HCl salt of II. Methods for bioassays are described (no data). Uses of I as novel inhibitors of the uptake of monoamine neurotransmitters for the treatment and/or management of psychotropic disorders, anxiety disorder, generalized anxiety disorder, depression, post-traumatic stress disorder, obsessive-compulsive disorder, panic disorder, hot flashes, senile dementia, migraine, hepatopulmonary syndrome, chronic pain, nociceptive pain, neuropathic pain, painful diabetic retinopathy, bipolar depression, obstructive sleep apnea, psychiatric disorders, premenstrual dysphoric disorder, social phobia, social anxiety disorder, urinary incontinence, anorexia, bulimia nervosa, obesity, ischemia, head injury, calcium overload in brain cells, drug dependence, and/or premature ejaculation are described.

L9 ANSWER 3 OF 25 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2006:74753 CAPLUS
DOCUMENT NUMBER: 144:156713
TITLE: Compositions comprising 5α-reductase inhibitors and SERMs

INVENTOR(S): Steiner, Mitchell S.; Veverka, Karen A.; Miller, Duane D.
PATENT ASSIGNEE(S): GTX, Inc., USA
SOURCE: PCT Int. Appl., 40 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2006010162	A2	20060126	WO 2005-US25840	20050721
WO 2006010162	A3	20060824		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
US 2006019989	A1	20060126	US 2004-895401	20040721
AU 2005265422	A1	20060126	AU 2005-265422	20050721
CA 2571552	A1	20060126	CA 2005-2571552	20050721
EP 1771179	A2	20070411	EP 2005-802739	20050721
R: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LI, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR				
CN 1988909	A	20070627	CN 2005-80024754	20050721
PRIORITY APPLN. INFO.:			US 2004-895401 A	20040721
			WO 2005-US25840 W	20050721

OTHER SOURCE(S): MARPAT 144:156713

AB This invention provides for combinations of 5α-reductase inhibitors and SERMs. These combinations are useful in: preventing prostate carcinogenesis in a subject; preventing the recurrence of, suppressing, inhibiting or reducing the incidence of prostate carcinogenesis in a subject; treating a subject with prostate cancer; suppressing, inhibiting or reducing the incidence of prostate cancer in a subject; treating a subject with pre-malignant lesions of prostate cancer; suppressing, inhibiting or reducing the incidence of pre-malignant lesions of prostate cancer in a subject; reducing the incidence, inhibiting, suppressing, preventing and/or treating androgen-deprivation induced conditions in men suffering from prostate cancer, such as androgen-deprivation induced osteoporosis, bone fractures, loss of bone mineral d., hot flashes and/or gynecomastia.; and treating polycystic ovarian syndrome and reducing the incidence, inhibiting, suppressing, preventing and/or treating diabetes, cardiovascular disease, breast cancer and endometrial cancer in women suffering from polycystic ovarian syndrome. Thus, tablets contained 17β-N,N-diethylcarbamoyl-4-methyl-4-aza-5α-androstan-3-one 5000, toremifene 5000, starch 350, talc 250, and calcium stearate 35 g.

L9 ANSWER 4 OF 25 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2001:259732 CAPLUS
DOCUMENT NUMBER: 135:117349
TITLE: Oral, water-soluble combined estrogen/calcium preparation for postmenopausal therapy
AUTHOR(S): Downey, D.; Spencer, S. J.; Deghenghi, R.; Jaffe, R. B.
CORPORATE SOURCE: Center for Reproductive Sciences, University of

California, San Francisco, San Francisco, CA, 94143-0556, USA

SOURCE: Maturitas (2001), 38(2), 205-210
CODEN: MATUDK; ISSN: 0378-5122

PUBLISHER: Elsevier Science Ireland Ltd.

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Estrogen is often prescribed for symptoms and sequelae of ovarian estrogen loss after menopause. To assess efficacy and acceptability of a new, highly soluble estrogen-calcium preparation, the authors formulated a water-soluble powdered combination of estrogen (0.625 mg estrone piperazine sulfate) and calcium (1 g, ions) as the highly soluble glycerophosphate salt (Estrosol®). Effects of once-daily administration on bone mineral turnover of Estrosol® dissolved in water was compared with 0.625 mg conjugated estrogens (Premarin®) +1 g calcium (Tums® 500 Calcium Supplement). All women had a previous hysterectomy, were between the ages 40 and 75, within 25% of ideal body weight, and had not taken hormonal prepns. for at least 3 mo. Assessment of bone mineral turnover was by monitoring N-telopeptides and bone specific alkaline phosphatase (BSAP) on 5 occasions: pretreatment and once during each of the 4 mo of treatment. Mean N-telopeptide values decreased in both groups: Estrosol®, 29.2% (40 29 mmol bone collagen equivalent (BCE)/mmol creatinine), and Premarin® +calcium, 44.8% (33 18 mmol). Mean BSAP values also decreased in both groups: Estrosol®, 12.6% (12.06 10.54 mg/l), Premarin® +calcium, 19.1% (11.57 9.36 mg/l). The difference between groups for both N-telopeptides and BSAP was not significant, although sample size was small. Symptoms (hot flashes, vaginal dryness) improved similarly in both groups. Symptoms during treatment (breast or nipple tenderness, bloating) also were similar in both groups. Both prepns. were well-tolerated. There were no changes in CBC, liver function tests, electrolytes or urinalyses in either group. This pilot study indicates that the combined, highly water-soluble preparation of estrogen and calcium is effective in reducing bone mineral turnover, acceptable and well-tolerated. Use of this single aqueous preparation may lead to better compliance than using two sep. pills.

REFERENCE COUNT: 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 5 OF 25 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 2001:78228 CAPLUS

DOCUMENT NUMBER: 134:110471

TITLE: Method using a calcium channel-binding compound for treating symptoms of hormonal variation, including hot flashes

INVENTOR(S): Gattuso, Thomas J., Jr.

PATENT ASSIGNEE(S): University of Rochester, USA

SOURCE: PCT Int. Appl., 21 pp.
CODEN: PIXXD2

DOCUMENT TYPE: Patent

LANGUAGE: English

FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001007037	A1	20010201	WO 2000-US20046	20000721

W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW

RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ,

CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

CA 2378918	A1	20010201	CA 2000-2378918	20000721
CA 2378918	C	20070123		
US 6310098	B1	20011030	US 2000-620979	20000721
EP 1202725	A1	20020508	EP 2000-948900	20000721
EP 1202725	B1	20070411		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL				
AU 767119	B2	20031030	AU 2000-62330	20000721
NZ 517044	A	20040227	NZ 2000-517044	20000721
AT 359068	T	20070515	AT 2000-948900	20000721
PRIORITY APPLN. INFO.:			US 1999-145061P P	19990722
			WO 2000-US20046 W	20000721

AB A method is provided for treating hot flashes in a patient by administering a compound which binds a α2δ subunit of a voltage-gated calcium channel. Also provides is a method for treating a symptom of hormonal variation in a patient by administering a compound which binds a α2δ subunit of a voltage-gated calcium channel. Further aspects of the invention relate to the administration of a compound which binds a α2δ subunit of a voltage-gated calcium channel as an antipyretic agent (for treating fever) or as an antiemetic agent (for treating nausea and emesis). Compds. of the invention include e.g. gabapentin.

REFERENCE COUNT: 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 6 OF 25 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 2001:21090 CAPLUS

DOCUMENT NUMBER: 135:102487

TITLE: Long-term effects of raloxifene on bone mineral density, bone turnover, and serum lipid levels in early postmenopausal women: Three-year data from 2 double-blind, randomized, placebo-controlled trials

AUTHOR(S): Johnston, C. Conrad, Jr.; Bjarnason, Nina H.; Cohen, Fredric J.; Shah, Aarti; Lindsay, Robert; Mitlak, Bruce H.; Huster, William; Draper, Michael W.; Harper, Kristine D.; Heath, Hunter, III; Gennari, Carlo; Christiansen, Claus; Arnaud, Claude D.; Delmas, Pierre D.

CORPORATE SOURCE: Department of Medicine, Indiana University, Indianapolis, IN, 46202, USA

SOURCE: Archives of Internal Medicine (2000), 160(22), 3444-3450
CODEN: AIMDAP; ISSN: 0003-9926

PUBLISHER: American Medical Association

DOCUMENT TYPE: Journal

LANGUAGE: English

AB Background: In postmenopausal women, raloxifene hydrochloride has favorable effects on bone and lipid metabolism and does not stimulate reproductive tissues. The studies reported herein evaluated the long-term (3-yr) effects of raloxifene treatment on bone mineral d. (BMD), serum lipid levels, and drug tolerability in healthy postmenopausal women. Methods: A total of 1145 healthy European and North American postmenopausal women aged 45 through 60 yr were enrolled in 2 parallel, double-blind, randomized, placebo-controlled trials of identical design and randomly assigned to receive raloxifene hydrochloride, 30, 60, or 150 mg, or placebo daily; all groups received 400 to 600 mg of elemental calcium. Assessments included measurements for BMD by dual-energy x-ray absorptiometry, markers of bone turnover, and serum lipid levels. Results: Lumbar spine BMD changed from baseline to 36 mo as follows: placebo (mean percentage change±SE), -1.32%±0.22%; raloxifene, 30 mg, 0.71%±0.23%; raloxifene, 60 mg, 1.28%±0.23%; and raloxifene, 150 mg, 1.20%±0.24%. Comparable BMD changes were observed in the hip and total body. Biochem. markers of bone turnover were suppressed by

raloxifene to normal premenopausal ranges through 3 yr. Serum low-d. lipoprotein cholesterol was reduced 7% to 12% below baseline through 3 yr. Study withdrawals due to any reason (37%) and withdrawals due to adverse events (14%) were not different among groups. The only significant adverse effect of therapy was hot flashes (25% in the 60-mg raloxifene group vs. 18% in the placebo group); hot flashes were typically reported as mild and were not associated with study withdrawal (1.7% for 60-mg raloxifene vs. 2.4% for placebo). Conclusions: Raloxifene preserves BMD at important skeletal sites, lowers serum low-d. lipoprotein cholesterol levels, and has a tolerability profile comparable to placebo. These results indicate a favorable benefit-risk profile of raloxifene for long-term use in healthy postmenopausal women.

REFERENCE COUNT: 24 THERE ARE 24 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 7 OF 25 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 1999:368145 CAPLUS
DOCUMENT NUMBER: 131:153354
TITLE: Raloxifene: a selective estrogen receptor modulator for the prevention of osteoporosis
AUTHOR(S): Hagmeyer, Kathleen O.; Meyer, Tamara K.
CORPORATE SOURCE: Clinical Pharmacy, College of Pharmacy, University of Toledo, Toledo, OH, 43606, USA
SOURCE: Journal of Pharmacy Technology (1999), 15(2), 37-45
CODEN: JPTEEB; ISSN: 8755-1225
PUBLISHER: Harvey Whitney Books Co.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review, with 45 refs., on the pharmacol., pharmacokinetics, therapeutic use, adverse effects, and drug interactions of the selective estrogen receptor modulator raloxifene. Clin. trials reviewing raloxifene for the prevention of osteoporosis were evaluated. Raloxifene hydrochloride is a partial estrogen agonist that displays both estrogenic and antiestrogenic effects. As a result of binding to estrogen receptors, raloxifene therapy, like estrogen treatment, causes pos. changes in biochem. markers of bone turnover such as serum osteocalcin, serum alkaline phosphatase, urinary pyridinoline cross-links, and urinary calcium excretion. In addition, raloxifene increases bone mineral d. Furthermore, raloxifene reduces total serum cholesterol and serum low-d. lipoprotein cholesterol. Raloxifene has no effect on serum high-d. lipoprotein cholesterol. As a selective estrogen receptor modulator, raloxifene does not display the deleterious effects of estrogen in endometrial or breast tissue. The most common adverse effects are hot flashes and leg cramping. Clin. trials have found that raloxifene is effective in the prevention of osteoporosis, making the drug an alternative choice for the prevention of osteoporosis in patients who are concerned about the proliferative effects of estrogen replacement therapy on the endometrium or breast tissue. Raloxifene may not be a good alternative in women experiencing troublesome hot flushes during menopause. The use of raloxifene in the treatment of osteoporosis and in the prevention of breast cancer is currently being evaluated.

REFERENCE COUNT: 45 THERE ARE 45 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 8 OF 25 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 1996:403308 CAPLUS
DOCUMENT NUMBER: 125:76300
TITLE: A controlled trial of raloxifene (LY139481) HC1: impact on bone turnover and serum lipid profile in healthy postmenopausal women
AUTHOR(S): Draper, Michael W.; Flowers, David E.; Huster, William J.; Neild, Julie A.; Harper, Kristine D.; Arnaud, Claude

CORPORATE SOURCE: Lilly Research Laboratories, Eli Lilly and Company, Indianapolis, IN, USA
SOURCE: Journal of Bone and Mineral Research (1996), 11(6), 835-842
CODEN: JBMREJ; ISSN: 0884-0431
PUBLISHER: Blackwell
DOCUMENT TYPE: Journal
LANGUAGE: English
AB This randomized, double-blind, placebo-controlled, multicenter, 8-wk study evaluated short-term effects of raloxifene on bone turnover, serum lipids, and endometrium in healthy, postmenopausal women. A total of 251 women received either placebo, raloxifene HCl 200 or 600 mg/day, or conjugated estrogens (Premarin, 0.625 mg/day). Bone turnover (serum alkaline phosphatase, serum osteocalcin, urinary pyridinoline cross-links, urinary calcium excretion, urinary hydroxyproline) and serum lipids (total serum cholesterol, high- and low-d. lipoprotein cholesterol [HDL-C and LDL-C]) were evaluated at weeks 0, 2, 4, and 8. Endometrial biopsies were performed at weeks 0 and 8. Treatment groups were compared for each parameter for baseline-to-endpoint changes. The estrogen and raloxifene groups experienced similar decreases in serum alkaline phosphatase (range 10-11%), serum osteocalcin (range 21-26%), urinary pyridinoline cross-links (range 20-26%), and urinary calcium excretion (range 45-72%). These decreases differed significantly compared with placebo-treated subjects for all markers except serum osteocalcin, the raloxifene HCl 200 mg group. LDL-C decreased significantly in the estrogen and both raloxifene groups (range 5-9%) compared with placebo-treated subjects. HDL-C increased significantly in the estrogen group (16%) but was unchanged in the raloxifene groups. HDL-C:LDL-C ratios increased significantly in the estrogen and raloxifene groups (range 9-29%). Serum cholesterol decreased significantly in both raloxifene groups (range 4-8%) but was unchanged in the estrogen group. Uterine biopsies of raloxifene-treated subjects showed no change in the endometrium during this short-term treatment. Biopsies of the estrogen group showed significant endometrial stimulation. The only adverse event possibly related to raloxifene was vasodilatation (hot flashes) which was most common in the raloxifene HCl 600 mg group. Study results indicate that raloxifene may provide beneficial effects to bone and serum lipids in humans without uterine stimulatory effects.

L9 ANSWER 9 OF 25 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 1973:143937 CAPLUS
DOCUMENT NUMBER: 78:143937
TITLE: Comparative trial of P1496, a new nonsteroidal estrogen analog
AUTHOR(S): Utian, Wulf H.
CORPORATE SOURCE: Dep. Gynaecol., Groote Schuur Hosp., Cape Town, S. Afr.
SOURCE: British Medical Journal (1973), 1(5853), 579-81
CODEN: BMJOAE; ISSN: 0007-1447
DOCUMENT TYPE: Journal
LANGUAGE: English
AB P1496 (I) [26538-44-3] at 75 mg/day and conjugated equine estrogens at 1.25 mg/day given orally to hysterectomized women were equally effective in significantly decreasing the incidence and severity of symptoms associated with endogenous estrogen withdrawal (hot flashes and atrophic vaginitis). I also significantly decreased plasma calcium [7440-70-2] level. Neither estrogen affected serum protein-bound I, packed cell volume or Hb, or plasma cholesterol, P, or alkaline phosphatase.

L9 ANSWER 10 OF 25 MEDLINE on STN
ACCESSION NUMBER: 2003514538 MEDLINE
DOCUMENT NUMBER: PubMed ID: 14588124

TITLE: Low-dose estrogen therapy for menopausal women: a review of efficacy and safety.
AUTHOR: Crandall Carolyn
CORPORATE SOURCE: Department of Medicine, David Geffen School of Medicine at University of California, Los Angeles, Iris Cantor-UCLA Women's Health Center, Los Angeles, California 90095-7023, USA.. ccrandall@mednet.ucla.edu
SOURCE: Journal of women's health (2002), (2003 Oct) Vol. 12, No. 8, pp. 723-47. Ref: 52
Journal code: 101159262. ISSN: 1540-9996.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200401
ENTRY DATE: Entered STN: 1 Nov 2003
Last Updated on STN: 6 Jan 2004
Entered Medline: 5 Jan 2004

AB BACKGROUND: Recent adverse events involving research of traditional estrogen therapy have led to interest in lower-than-standard doses of menopausal estrogen therapy. METHOD: The Medline (1966-present) database was searched for randomized controlled trials (keywords: low-dose estrogen, minimum dose AND estrogen, menopause, and osteoporosis) regarding hot flashes, endometrial hyperplasia, vaginal bleeding, breast tenderness, and bone density. Studies are only a few years in duration. RESULTS: The decrease in hot flashes with half-strength estrogens, range 60%-70%, is less than the 80%-90% reduction with standard dosing. Some low-dose preparations preserve lumbar and femoral bone density (although the degree of effect and quality of evidence vary among preparations). Bone density effects are dose dependent for conjugated equine estrogen (CEE), transdermal estradiol ethinyl (E(2)), norethindrone acetate (E(2)/NETA), oral E(2), and esterified estrogens. Bone preservation is likely to be less efficacious with low-dose estrogens than with traditional doses. Low-dose estrogen alone may not protect bone unless adequate calcium is given. Breast tenderness and skeletal effects are likely dose dependent. The longest endometrial safety data are 2-year data, reported for 5 microg/1 mg EE(2)/NETA and for 0.3 mg/day esterified estrogens. Some low-dose preparations have better vaginal bleeding profiles than do higher dose preparations. Breast tenderness is not totally averted with new lower-dose preparations. There are no fracture, breast cancer, or cardiovascular outcome data and a general lack of direct head-to-head comparisons involving low-dose preparations. CONCLUSIONS: Serious adverse effects linked with traditional doses of estrogens may not be averted with lower-dose preparations, and low-dose preparations should not yet be emphasized as being safer than traditional (e.g., 0.625 mg/day CEE doses).

L9 ANSWER 11 OF 25 MEDLINE on STN
ACCESSION NUMBER: 2002106263 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11836039
TITLE: Menopause in Morocco: symptomatology and medical management.
AUTHOR: Obermeyer Carla Makhlouf; Schulein Michelle; Hajji Najia; Azelmat Mustapha
CORPORATE SOURCE: Department of Gender and Women's Health, Harvard University, 665 Avenue of the Arts, Boston, MA 02115, USA.
SOURCE: Maturitas, (2002 Feb 26) Vol. 41, No. 2, pp. 87-95.
Journal code: 7807333. ISSN: 0378-5122.
PUB. COUNTRY: Ireland
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, U.S. GOV'T, NON-P.H.S.)
LANGUAGE: English
FILE SEGMENT: Priority Journals

ENTRY MONTH: 200204
ENTRY DATE: Entered STN: 12 Feb 2002
Last Updated on STN: 20 Apr 2002
Entered Medline: 19 Apr 2002

AB OBJECTIVES: To assess the frequency of menopausal symptoms and patterns of recourse to medical care in Rabat, Morocco. METHODS: Face to face interviews with a representative sample of 300 women aged 45-55 years; information was collected on socio-demographic variables, reproductive history, use of health care, symptom checklist, and medical management of menopause. RESULTS: The most frequent complaints are fatigue and hot flashes, each reported by 61% of women, headaches (57%), joint pain (54%), anxiety (44%) and irritability (42%). Hot flashes, but not cardiovascular symptoms, are statistically associated with menopausal status. Only 5% of women in the sample take hormones, and 4% calcium; 13% continue to take contraceptives. The frequency of some symptoms and the use of health care for menopause are influenced by socio-economic factors. CONCLUSIONS: Reports of hot flashes and joint pains are relatively high, but the frequency of use of medical services for menopause is low.

L9 ANSWER 12 OF 25 MEDLINE on STN
ACCESSION NUMBER: 2001515400 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11332140
TITLE: The role of hormone replacement therapy in women with a previous diagnosis of breast cancer and a review of possible alternatives.
AUTHOR: Pritchard K I
CORPORATE SOURCE: Division of Clinical Trials and Epidemiology, Toronto-Sunnybrook Regional Cancer Centre, Toronto, Canada.
SOURCE: Annals of oncology : official journal of the European Society for Medical Oncology / ESMO, (2001 Mar) Vol. 12, No. 3, pp. 301-10. Ref: 89
Journal code: 9007735. ISSN: 0923-7534.
PUB. COUNTRY: Netherlands
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200109
ENTRY DATE: Entered STN: 24 Sep 2001
Last Updated on STN: 24 Sep 2001
Entered Medline: 20 Sep 2001

AB Estrogen replacement therapy either with (HRT) or without (ERT) accompanying progesterone is routinely offered to well women at the time of menopause, in order to relieve vasomotor symptoms, (hot flashes), reduce urogenital atrophy and reduce the risks of cardiovascular disease, osteoporosis and perhaps colon cancer and Alzheimer's disease. It is generally felt however, that women with a previous diagnosis of breast cancer are not suitable candidates for such therapy since either estrogen or progesterone may be associated with an increased risk of cancer recurrence. There are however, a variety of approaches to menopausal therapy in such women. A careful history must first be taken in order to identify the symptoms or conditions of concern. Vasomotor symptoms can be reduced by the use of other medications such as the antidepressant venlafaxine (Effexor). Estring, a vaginal estrogen ring can be used to reduce genitourinary symptoms, with little systemic estrogen absorption. Osteoporosis can be prevented or treated with calcium supplements, exercise, improved diet, bisphosphonates and/or selective estrogen receptor modulators (SERMs) while cardiovascular risk can be reduced by diet and exercise, as well as the appropriate use of lipid lowering and antihypertensive medications.

L9 ANSWER 13 OF 25 MEDLINE on STN
ACCESSION NUMBER: 2001370269 MEDLINE

DOCUMENT NUMBER: PubMed ID: 11306210
TITLE: Oral, water-soluble combined estrogen/calcium preparation for postmenopausal therapy.
AUTHOR: Downey D; Spencer S J; Deghenghi R; Jaffe R B
CORPORATE SOURCE: Center for Reproductive Sciences, University of California, San Francisco, 505 Parnassus Avenue, San Francisco, CA 94143-0556, USA.
SOURCE: Maturitas, (2001 Apr 20) Vol. 38, No. 2, pp. 205-10.
Journal code: 7807333. ISSN: 0378-5122.
PUB. COUNTRY: Ireland
DOCUMENT TYPE: (COMPARATIVE STUDY)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200106
ENTRY DATE: Entered STN: 2 Jul 2001
Last Updated on STN: 2 Jul 2001
Entered Medline: 28 Jun 2001

AB OBJECTIVES: Estrogen is often prescribed for symptoms and sequelae of ovarian estrogen loss after menopause. METHODS: To assess efficacy and acceptability of a new, highly soluble estrogen-calcium preparation, we formulated a water-soluble powdered combination of estrogen (0.625 mg estrone piperazine sulfate) and calcium (1 g, ions) as the highly soluble glycerophosphate salt (Estrosol). Effects of once-daily administration on bone mineral turnover of Estrosol dissolved in water (n = 11) was compared with 0.625 mg conjugated estrogens (Premarin) + 1 g calcium (Tums 500 Calcium Supplement) (n = 8). All women had had a previous hysterectomy, were between the ages 40 and 75, within 25% of ideal body weight, and had not taken hormonal preparations for at least 3 months. Assessment of bone mineral turnover was by monitoring N-telopeptides and bone specific alkaline phosphatase (BSAP) on 5 occasions: pretreatment and once during each of the 4 months of treatment. RESULTS: Mean N-telopeptide values decreased (p = .005) in both groups: Estrosol, 29.2% (40 --> 29 mmol bone collagen equivalents (BCE)/mmol creatinine), and Premarin(R) + calcium, 44.8% (33 --> 18 mmol). Mean BSAP values also decreased (p = 0.007) in both groups: Estrosol, 12.6% (12.06 --> 10.54 mg/l), Premarin(R) + calcium, 19.1% (11.57 --> 9.36 mg/l). The difference between groups for both N-telopeptides and BSAP was not significant, although sample size was small.Symptoms (hot flashes, vaginal dryness) improved similarly in both groups. Symptoms during treatment (breast or nipple tenderness, bloating) also were similar in both groups. Both preparations were well-tolerated. There were no changes in CBC, liver function tests, electrolytes or urinalyses in either group .CONCLUSIONS: This pilot study indicates that the combined, highly water-soluble preparation of estrogen and calcium is effective in reducing bone mineral turnover, acceptable and well-tolerated. Use of this single aqueous preparation may lead to better compliance than using two separate pills.

L9 ANSWER 14 OF 25 MEDLINE on STN
ACCESSION NUMBER: 2001078370 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11112238
TITLE: Long-term effects of raloxifene on bone mineral density, bone turnover, and serum lipid levels in early postmenopausal women: three-year data from 2 double-blind, randomized, placebo-controlled trials.
AUTHOR: Johnston C C Jr; Bjarnason N H; Cohen F J; Shah A; Lindsay R; Mitlak B H; Huster W; Draper M W; Harper K D; Heath H 3rd; Gennari C; Christiansen C; Arnaud C D; Delmas P D
CORPORATE SOURCE: Indiana University School of Medicine, Emerson Hall Room 421, 545 Barnhill Dr, Indianapolis, IN 46202, USA.
SOURCE: Archives of internal medicine, (Dec 11-25 2000) Vol. 160, No. 22, pp. 3444-50.
Journal code: 0372440. ISSN: 0003-9926.

PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 200101
ENTRY DATE: Entered STN: 22 Mar 2001
Last Updated on STN: 22 Mar 2001
Entered Medline: 11 Jan 2001

AB BACKGROUND: In postmenopausal women, raloxifene hydrochloride has favorable effects on bone and lipid metabolism and does not stimulate reproductive tissues. The studies reported herein evaluated the long-term (3-year) effects of raloxifene treatment on bone mineral density (BMD), serum lipid levels, and drug tolerability in healthy postmenopausal women. METHODS: A total of 1145 healthy European and North American postmenopausal women aged 45 through 60 years were enrolled in 2 parallel, double-blind, randomized, placebo-controlled trials of identical design and randomly assigned to receive raloxifene hydrochloride, 30, 60, or 150 mg, or placebo daily; all groups received 400 to 600 mg of elemental calcium. Assessments included measurements for BMD by dual-energy x-ray absorptiometry, markers of bone turnover, and serum lipid levels. RESULTS: Lumbar spine BMD changed from baseline to 36 months as follows: placebo (mean percentage change + SE), -1. 32% +0.22%; raloxifene, 30 mg, 0.71% +0.23%; raloxifene, 60 mg, 1. 28% +0.23%; and raloxifene, 150 mg, 1.20% +0.24%. Comparable BMD changes were observed in the hip and total body. Biochemical markers of bone turnover were suppressed by raloxifene to normal premenopausal ranges through 3 years. Serum low-density lipoprotein cholesterol was reduced 7% to 12% below baseline through 3 years. Study withdrawals due to any reason (37%) and withdrawals due to adverse events (14%) were not different among groups. The only significant adverse effect of therapy was hot flashes (25% in the 60-mg raloxifene group vs 18% in the placebo group); hot flashes were typically reported as mild and were not associated with study withdrawal (1.7% for 60-mg raloxifene vs 2.4% for placebo). CONCLUSIONS: Raloxifene preserves BMD at important skeletal sites, lowers serum low-density lipoprotein cholesterol levels, and has a tolerability profile comparable to placebo. These results indicate a favorable benefit-risk profile of raloxifene for long-term use in healthy postmenopausal women. Arch Intern Med. 2000;160:3444-3450.

L15 ANSWER 1 OF 1 MEDLINE on STN
ACCESSION NUMBER: 2003225294 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12715291
TITLE: [Causes of osteoporosis: don't forget celiac disease]. Ursachen der Osteoporose: Zoliakie nicht vergessen.
AUTHOR: Scharla SScharla@gmx.de
SOURCE: Deutsche medizinische Wochenschrift (1946), (2003 Apr 25) Vol. 128, No. 17, pp. 916-9.
Journal code: 0006723. ISSN: 0012-0472.
PUB. COUNTRY: Germany: Germany, Federal Republic of
DOCUMENT TYPE: (CASE REPORTS)
(ENGLISH ABSTRACT)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: German
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200305
ENTRY DATE: Entered STN: 16 May 2003
Last Updated on STN: 30 May 2003
Entered Medline: 29 May 2003

AB HISTORY AND PHYSICAL EXAMINATION: A 60-year old woman presented with osteoporosis. Because clinical symptoms did not improve after treatment, further diagnostic procedures were performed in order to further characterize the metabolic bone disease. The patient reported loss of weight,nonspecific gastrointestinal symptoms (recurrent abdominal pain),and constipation. The diet history revealed a milk intolerance.Several family members were suffering from autoimmune diseases. During physical examination the patient exhibited clinical signs of osteoporosis(back pain, change of stature), but otherwise no pathological findings. LABORATORY FINDINGS: The technical examinations showed low bone mineral density at the spine. The routine laboratory examination (including serum calcium, phosphorus, alkaline phosphatase)was normal. However, further testing revealed low concentrations for 25-hydroxy-vitamin D, folic acid, vitamin B 12, an increased IgA and significantly elevated antigliadin antibodies and antiendomysial antibodies. Histopathological examination of the duodenal mucosa was in accordance with the diagnosis celiac sprue. The histopathologic examination of a transiliac bone biopsy exhibited high bone turnover, osteopenia, but no osteomalacia. DIAGNOSIS AND THERAPY: Therefore, the diagnosis of celiac sprue with metabolic bone disease was established. Treatment with gluten-free diet and supplementation of calcium and vitamin D was initiated. CONCLUSION: This case demonstrates that careful diagnostic evaluation of patients with osteoporosis is necessary,because therapeutic consequences are the result.

L16 ANSWER 5 OF 10 MEDLINE on STN
ACCESSION NUMBER: 2005248061 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15885582
TITLE: An introduction to dietary/supplemental omega-3 fatty acids for general health and prevention: part II.
AUTHOR: Moyad Mark A
CORPORATE SOURCE: Phil F. Jenkins Director of Complementary & Alternative Medicine, Department of Urology, University of Michigan Medical Center, Ann Arbor, 48109-0330, USA.. moyad@umich.edu
SOURCE: Urologic oncology, (2005 Jan-Feb) Vol. 23, No. 1, pp. 36-48. Ref: 155
Journal code: 9805460. ISSN: 1078-1439.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200509
ENTRY DATE: Entered STN: 12 May 2005
Last Updated on STN: 28 Sep 2005
Entered Medline: 27 Sep 2005

AB The correction of a subtle nutritional deficiency that may reduce the risk of a future chronic disease is indeed a challenge. However, some specific examples in the past, such as the addition of folic acid to prevent neural tube defects and calcium and vitamin D to prevent osteoporosis, should provide some encouragement that some conditions can be prevented with the appropriate addition of a deficient compound. One of the most intriguing current and future impacts on public health may come from a higher intake of omega-3 fatty acids, such as alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA). The omega-3 fatty acids continue to accumulate research that suggests that they may prevent a variety of diverse chronic diseases and potentially some acute clinical scenarios. In the first part of this article, the potential for these compounds to prevent certain cardiovascular conditions are discussed. In the second part, the potential for an impact in arthritis, numerous areas of cancer research, depression, maternal and child health, neurologic diseases, osteoporosis, and other medical disciplines are also briefly covered. The future appears bright for these agents, but specifically which conditions, who qualifies, testing, frequency, adequate sources, future trials, and numerous other questions need to be addressed and answered before the potential impact can catch up to the recent hype.

L16 ANSWER 6 OF 10 MEDLINE on STN
ACCESSION NUMBER: 2005248060 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15885581
TITLE: An introduction to dietary/supplemental omega-3 fatty acids for general health and prevention: part I.
AUTHOR: Moyad Mark A
CORPORATE SOURCE: Phil F. Jenkins Director of Complementary & Alternative Medicine, Department of Urology, University of Michigan Medical Center, Ann Arbor, 48109-0330, USA.. moyad@umich.edu
SOURCE: Urologic oncology, (2005 Jan-Feb) Vol. 23, No. 1, pp. 28-35. Ref: 41
Journal code: 9805460. ISSN: 1078-1439.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200509

ENTRY DATE: Entered STN: 12 May 2005
Last Updated on STN: 28 Sep 2005
Entered Medline: 27 Sep 2005

AB The correction of a subtle nutritional deficiency that may reduce the risk of a future chronic disease is indeed a challenge. However, some specific examples in the past, such as the addition of folic acid to prevent neural tube defects and calcium and vitamin D to prevent osteoporosis, should provide some encouragement that some conditions can be prevented with the appropriate addition of a deficient compound. One of the most intriguing current and future impacts on public health may come from a greater intake of omega-3 fatty acids such as alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA). The omega-3 fatty acids continue to accumulate research that suggests that may prevent a variety of diverse chronic diseases and potentially some acute clinical scenarios. In Part 1 of this manuscript the potential for these compounds to prevent certain cardiovascular conditions are discussed. In Part 2 the potential for an impact in arthritis, numerous areas of cancer research, depression, maternal and child health, neurological diseases, osteoporosis, and other medical disciplines are also briefly covered. The future appears bright for these agents, but specifically which conditions, who qualifies, testing, frequency, adequate sources, future trials and numerous other questions need to be addressed and answered before the potential impact can catch up to the recent hype.

L16 ANSWER 7 OF 10 MEDLINE on STN
ACCESSION NUMBER: 2001610768 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11684393
TITLE: Micronutrients in women's health and immune function.
AUTHOR: Bendich A
CORPORATE SOURCE: GlaxoSmithKline Consumer Healthcare, 1500 Littleton Road, Parsippany, NJ 07054-3884, USA.. adrianne.4.bendich@gsk.com
SOURCE: Nutrition (Burbank, Los Angeles County, Calif.), (2001 Oct) Vol. 17, No. 10, pp. 858-67. Ref: 134
Journal code: 8802712. ISSN: 0899-9007.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200204
ENTRY DATE: Entered STN: 2 Nov 2001
Last Updated on STN: 9 Apr 2002
Entered Medline: 8 Apr 2002

AB Lawrence J. Machlin's contributions to elucidating the roles of nutrients in optimizing human health included the support of research in the areas of women's health and immune function. Several essential nutrients have been shown to affect women's health throughout the different life stages. Symptoms of premenstrual syndrome affect the vast majority of menstruating women, and calcium supplementation significantly reduces physical and emotional symptoms. Premenstrual syndrome in fact might be a predictor of osteoporosis induced by low calcium intake. Periconceptional multivitamin supplementation has reduced the risk of serious birth defects, premature delivery, and low birth weight by 50% and improved maternal health during pregnancy. Micronutrients of particular importance for prevention of adverse pregnancy outcomes are folic acid, zinc, and iron. However, if the preterm delivery is caused by preeclampsia, then data suggest that calcium supplementation and high doses of vitamins C and E significantly reduce that risk. Well-controlled studies consistently have shown that calcium supplementation, with or without vitamin D, significantly reduces the risk of hip fracture. Antioxidants such as vitamins C and E have been shown to reduce the risk of fracture in women smokers. As in the rapidly growing embryo, the immune system

includes rapidly multiplying cells whose functions are dramatically affected by an individual's micronutrient status. Multivitamins have been shown to enhance many aspects of immune response, and antioxidant micronutrients consistently have been found to enhance lymphocyte-proliferative responses and skin-test responses, especially in the elderly.

L16 ANSWER 8 OF 10 MEDLINE on STN
ACCESSION NUMBER: 1999007409 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9791197
TITLE: Simple, sensible preventive measures for managed care settings.
AUTHOR: Waltzer K B
CORPORATE SOURCE: Convergence Health, Inc., Santa Monica, CA, USA.
SOURCE: Geriatrics, (1998 Oct) Vol. 53, No. 10, pp. 65-8, 75-7, 81; quiz 82. Ref: 29
Journal code: 2985102R. ISSN: 0016-867X.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199810
ENTRY DATE: Entered STN: 6 Jan 1999
Last Updated on STN: 6 Jan 1999
Entered Medline: 30 Oct 1998

AB The best preventive care consists of a combination of office-based services: patient education, life style counseling, clinical vigilance through routine check ups, and the administration of timely screening. In a healthcare environment of tightened resources, tighter schedules, and increased patient demand for your time, it is nevertheless possible to offer substantive preventive care for older patients in an efficient and cost effective manner. Interventions for cardiovascular disease include weight loss, a low-fat diet, vitamin E, and folic acid
. Screening is recommended for breast, cervical, and colon cancer, but prostate cancer screening is controversial. The value of mammograms in women over age 50 is well-established. Preventive measures for osteoporosis include calcium and vitamin
D, estrogen replacement, and weight-bearing exercise.

L16 ANSWER 9 OF 10 MEDLINE on STN
ACCESSION NUMBER: 95187039 MEDLINE
DOCUMENT NUMBER: PubMed ID: 7881322
TITLE: The role of nutrition in osteoporosis.
AUTHOR: Bunker V W
CORPORATE SOURCE: School of Pharmacy and Biomedical Sciences, University of Portsmouth, England, UK.
SOURCE: British journal of biomedical science, (1994 Sep) Vol. 51, No. 3, pp. 228-40. Ref: 197
Journal code: 9309208. ISSN: 0967-4845.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199504
ENTRY DATE: Entered STN: 25 Apr 1995
Last Updated on STN: 25 Apr 1995
Entered Medline: 7 Apr 1995

AB Osteoporosis-related bone fractures are a significant cause of mortality and morbidity, with women being particularly affected. Osteoporosis is a condition of bone fragility resulting from micro-architectural deterioration and decreased bone mass; adult bone mass depends upon the peak attained and the rate of subsequent loss; each

depends on the interaction of genetic, hormonal, environmental and nutritional factors. An adequate supply of calcium is essential to attain maximum bone mass, and adult intakes below about 500 mg/day may predispose to low bone mass. Supplementation with calcium may conserve bone at some skeletal sites, but whether this translates into reduced fracture rates is not clear. Chronically low intakes of vitamin D--and possibly magnesium, boron, fluoride and vitamins K, B12, B6 and folic acid (particularly if co-existing)--may pre-dispose to osteoporosis. Similarly, chronically high intakes of protein, sodium chloride, alcohol and caffeine may also adversely affect bone health. The typical Western diet (high in protein, salt and refined, processed foods) combined with an increasing sedentary lifestyle may contribute to the increasing incidence of osteoporosis in the elderly.

L16 ANSWER 10 OF 10 MEDLINE on STN
ACCESSION NUMBER: 85057814 MEDLINE
DOCUMENT NUMBER: PubMed ID: 6594517
TITLE: Osteoporosis in postmenopausal women.
AUTHOR: Renner R P; Boucher L J; Kaufman H W
CONTRACT NUMBER: 2S07RR0577807 (NCRR)
SOURCE: The Journal of prosthetic dentistry, (1984 Oct) Vol. 52, No. 4, pp. 581-8.
Journal code: 0376364. ISSN: 0022-3913.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, U.S. GOV'T, P.H.S.)
LANGUAGE: English
FILE SEGMENT: Dental Journals; Priority Journals
ENTRY MONTH: 198501
ENTRY DATE: Entered STN: 20 Mar 1990
Last Updated on STN: 3 Feb 1997
Entered Medline: 9 Jan 1985

AB Eleven postmenopausal complete denture patients participated in a study to evaluate some possible predictors of osteoporosis. Most participants in the study reported a low caloric intake and consumed considerably less than the recommended daily allowances of sodium, cholesterol, calcium, fluoride, magnesium, zinc, and folic acid. Many participants in the study were taking additional daily vitamin and mineral supplements. The CCT as measured on radiographs of the second phalynx of the fifth digit of the right hand correlated linearly with the CBD corrected for soft tissue. Panoramic radiographs revealed that all individuals had severe residual ridge resorption. All serum calcium and phosphorus means were within the normal range, while more than 60% of the patients had below normal plasma levels of 25-hydroxyvitamin D. In conclusion, although based on a small sample, it appears that the diet of elderly women in New York is somewhat deficient for adequate skeletal homeostasis. Ideally, the vitamin D status of each patient should be determined and proper supplements prescribed. However, the high cost of analysis suggests that dietary analysis be used on a selected but more frequent basis. Radiation techniques for measuring skeletal porosity are also too complex to perform on a routine basis and should, like dietary analysis, be reserved for patients in whom other clinical signs and symptoms indicate metabolic bone disease.

L16 ANSWER 1 OF 10 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2007:950829 CAPLUS
TITLE: A nutritious product containing animal bones, fowl eggs, chinese medicinal materials, vitamin d, and folic acid
INVENTOR(S): Wang, Zhonghua
PATENT ASSIGNEE(S): Peop. Rep. China
SOURCE: Faming Zhuanli Shenqing Gongkai Shuomingshu
CODEN: CNXXEV
DOCUMENT TYPE: Patent
LANGUAGE: Chinese
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
CN 1260197	A	20000719	CN 1999-115209	19990108
CN 1078083	B	20020123		

PRIORITY APPLN. INFO.: CN 1999-115209 19990108

AB A nutritious product comprises animal bones, fowl eggs, Chinese medicinal materials, vitamin D, and folic acid . It is prepared by mixing fresh animal bones (including Os Sus domestica, Os Gallus domesticus, Os Bovis seu Bubali, Os Caprae seu Ovis, and fish bone), fowl egg, Radix Astragali, Rhizoma Dioscoreae, Fructus Jujubae, Poria, Auricularia, and Mel; mashing; soaking; peptizing; decocting; peptizing; boiling and sterilizing; adding appropriate amount of vitamin D and folic acid; cooling; standing at low temperature; filtering; and packaging to get final product. Said product has calcium supplementing, hematosis promoting, intelligence improving, brain strengthening, absorption promoting, and nutritive equilibrium regulating effects. It is suitable for pregnant woman, lactational woman, infant, student, and senior people for the prevention and the treatment of rickets, osteoporosis, nutritional anemia, and vitamin deficiency.

L16 ANSWER 2 OF 10 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2005:406358 CAPLUS
DOCUMENT NUMBER: 143:228580
TITLE: An introduction to dietary/supplemental omega-3 fatty acids for general health and prevention: Part II
AUTHOR(S): Moyad, Mark A.
CORPORATE SOURCE: Department of Urology, University of Michigan Medical Center, Ann Arbor, MI, 48109-0330, USA
SOURCE: Urologic Oncology: Seminars and Original Investigations (2005), 23(1), 36-48
CODEN: UOSOAA
PUBLISHER: Elsevier Inc.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review. The correction of a subtle nutritional deficiency that may reduce the risk of a future chronic disease is indeed a challenge. However, some specific examples in the past, such as the addition of folic acid to prevent neural tube defects and calcium and vitamin D to prevent osteoporosis, should provide some encouragement that some conditions can be prevented with the appropriate addition of a deficient compound One of the most intriguing current and future impacts on public health may come from a higher intake of omega-3 fatty acids, such as alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA). The omega-3 fatty acids continue to accumulate research that suggests that they may prevent a variety of diverse chronic diseases and potentially some acute clin. scenarios. In the first part of this article, the potential for these compds. to prevent

certain cardiovascular conditions are discussed. In the second part, the potential for an impact in arthritis, numerous areas of cancer research, depression, maternal and child health, neurol. diseases, osteoporosis, and other medical disciplines are also briefly covered. The future appears bright for these agents, but specifically which conditions, who qualifies, testing, frequency, adequate sources, future trials, and numerous other questions need to be addressed and answered before the potential impact can catch up to the recent hype.

REFERENCE COUNT: 155 THERE ARE 155 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L16 ANSWER 3 OF 10 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2005:406357 CAPLUS
DOCUMENT NUMBER: 143:228579
TITLE: An introduction to dietary/supplemental omega-3 fatty acids for general health and prevention: Part I
AUTHOR(S): Moyad, Mark A.
CORPORATE SOURCE: Department of Urology, University of Michigan Medical Center, Ann Arbor, MI, 48109-0330, USA
SOURCE: Urologic Oncology: Seminars and Original Investigations (2005), 23(1), 28-35
CODEN: UOSOAA
PUBLISHER: Elsevier Inc.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review. The correction of a subtle nutritional deficiency that may reduce the risk of a future chronic disease is indeed a challenge. However, some specific examples in the past, such as the addition of folic acid to prevent neural tube defects and calcium and vitamin D to prevent osteoporosis, should provide some encouragement that some conditions can be prevented with the appropriate addition of a deficient compound One of the most intriguing current and future impacts on public health may come from a greater intake of omega-3 fatty acids such as alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA). The omega-3 fatty acids continue to accumulate research that suggests that may prevent a variety of diverse chronic diseases and potentially some acute clin. scenarios. In Part 1 of this manuscript the potential for these compds. to prevent certain cardiovascular conditions are discussed. In Part 2 the potential for an impact in arthritis, numerous areas of cancer research, depression, maternal and child health, neurol. diseases, osteoporosis, and other medical disciplines are also briefly covered. The future appears bright for these agents, but specifically which conditions, who qualifies, testing, frequency, adequate sources, future trials and numerous other questions need to be addressed and answered before the potential impact can catch up to the recent hype.

REFERENCE COUNT: 41 THERE ARE 41 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L16 ANSWER 4 OF 10 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2001:796075 CAPLUS
DOCUMENT NUMBER: 136:166538
TITLE: Micronutrients in women's health and immune function
AUTHOR(S): Bendich, Adrianne
CORPORATE SOURCE: GlaxoSmithKline Consumer Healthcare, Parsippany, NJ, USA
SOURCE: Nutrition (New York, NY, United States) (2001), 17(10), 858-867
CODEN: NUTRER; ISSN: 0899-9007
PUBLISHER: Elsevier Science Inc.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review. Lawrence J. Machlin's contributions to elucidating the roles of nutrients in optimizing human health included the support of research in the areas of women's health and immune function. Several essential nutrients have been shown to affect women's health throughout the different life stages. Symptoms of premenstrual syndrome affect the vast majority of menstruating women, and calcium supplementation significantly reduces phys. and emotional symptoms. Premenstrual syndrome in fact might be a predictor of osteoporosis induced by low Ca intake. Periconceptional multivitamin supplementation has reduced the risk of serious birth defects, premature delivery, and low birth weight by 50% and improved maternal health during pregnancy. Micronutrients of particular importance for prevention of adverse pregnancy outcomes are folic acid, Zn, and Fe. However, if the preterm delivery is caused by preeclampsia, then data suggest that Ca supplementation and high doses of vitamins C and E significantly reduce that risk. Well-controlled studies consistently have shown that Ca supplementation, with or without vitamin D, significantly reduces the risk of hip fracture. Antioxidants such as vitamins C and E have been shown to reduce the risk of fracture in women smokers. As in the rapidly growing embryo, the immune system includes rapidly multiplying cells whose functions are dramatically affected by an individual's micronutrient status. Multivitamins have been shown to enhance many aspects of immune response, and antioxidant micronutrients consistently have been found to enhance lymphocyte-proliferative responses and skin-test responses, especially in the elderly.

REFERENCE COUNT: 134 THERE ARE 134 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L21 ANSWER 1 OF 9 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 2006:978946 CAPLUS
DOCUMENT NUMBER: 145:363550
TITLE: Compositions comprising folate and folic acid for the treatment of osteoporosis and inflammatory joint disease
INVENTOR(S): Edwards, John B.; Erlandson, Lori T.; Griffin, Edward Nicholas; Roberts, Alan T.; Selhub, Jacob
PATENT ASSIGNEE(S): First Horizon Pharmaceutical Corporation, USA
SOURCE: PCT Int. Appl., 31pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2006099233	A2	20060921	WO 2006-US8783	20060309
WO 2006099233	A3	20070426		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AP, EA, EP, OA				
US 2006216361	A1	20060928	US 2006-372238	20060309
US 2006217385	A1	20060928	US 2006-372239	20060309
US 2006217386	A1	20060928	US 2006-372245	20060309
PRIORITY APPLN. INFO.:			US 2005-660419P P	20050310

AB Compns. for the treatment of osteoporosis and/or inflammatory joint disease comprising a folate, such as a reduced folate, and folic acid are provided. The folate is preferably 5-methyltetrahydrofolate, and most preferably 5-methyl-(6S)-tetrahydrofolic acid. The folate and folic acid can be given in the same dosage unit or sep. dosage units, and more than one dosage unit can be given per dose. The compns. may also contain one or more vitamins and minerals selected from vitamin B 12, vitamin B6, vitamin D3, calcium, magnesium, and polyunsatd. fatty acids (PUFAs). These ingredients are optional, but preferable (especially the vitamins and minerals). The compns. may further contain one or more addnl. ingredients such as vitamins, minerals, and laxatives. The compns. are useful in the treatment of all forms of osteoporosis, including primary osteoporosis and secondary osteoporosis, and/or inflammatory joint diseases, especially in patients having a folic acid metabolism deficiency. The compns. are particularly useful in the treatment of inflammatory joint diseases, with complications that include bone loss, fracture, and osteoporosis. In addition, the compns. are beneficial for the prevention of osteoporosis in subjects who do not yet have the disease, but who are at risk for getting osteoporosis, such as post-menopausal women, subjects with osteopenia (mid thinning of the bone mass), subjects with an inflammatory joint disease, or people who are over the age of 70. Thus, a tablet composition useful for the treatment and/or prevention of and/or inflammatory joint disease contained calcium carbonate 500 mg, Metafolin 500 μg, folic acid 2 mg, cholecalciferol 200 IU, pyridoxine HCl 1.2 mg, cyanocobalamin 250

μg, and magnesium oxide 50 mg.

L21 ANSWER 2 OF 9 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2006:101695 CAPLUS
DOCUMENT NUMBER: 144:177501
TITLE: Compositions and methods for nutrition supplementation
INVENTOR(S): Giordano, John A.
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 14 pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2006024384	A1	20060202	US 2004-901054	20040729
US 2006024409	A1	20060202	US 2005-49643	20050204
CA 2575330	A1	20060209	CA 2005-2575330	20050728
WO 2006015154	A2	20060209	WO 2005-US26861	20050728
WO 2006015154	A3	20060824		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
EP 1781333	A2	20070509	EP 2005-778023	20050728
R: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LI, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR				

PRIORITY APPLN. INFO.: US 2004-901054 A2 20040729
WO 2005-US26861 W 20050728

AB The present invention relates to compns., that may be swallowable, chewable or dissolvable, comprising various vitamins and minerals, and in a specific embodiment, comprise vitamin B6, vitamin B9, vitamin B12, calcium, vitamin D3, magnesium, and boron, and methods for using these compns. for nutritional supplementation in order to prevent, treat and/or alleviate the occurrence or neg. effects of cardiovascular disease, colorectal cancer and osteoporosis. For example, a chewable composition containing pyridoxine hydrochloride 10 mg, folic acid 1.6 mg, cyanocobalamin 25 μg, cholecalciferol 200 IU, calcium carbonate 500 mg, magnesium oxide 50 mg, and boron amino acid chelate 1 mg was formulated.

L21 ANSWER 3 OF 9 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2006:97198 CAPLUS
DOCUMENT NUMBER: 144:170160
TITLE: Compositions and methods for nutrition supplementation
INVENTOR(S): Giordano, John A.
PATENT ASSIGNEE(S): Everett Laboratories, Inc., USA
SOURCE: U.S. Pat. Appl. Publ., 15 pp., Cont.-in-part of U.S. Ser. No. 901,054.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2006024409	A1	20060202	US 2005-49643	20050204
US 2006024384	A1	20060202	US 2004-901054	20040729
WO 2006084087	A2	20060810	WO 2006-US3761	20060203

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW

RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

PRIORITY APPLN. INFO.: US 2004-901054 A2 20040729
US 2005-49643 A 20050204

AB Compns. that may be swallowable, chewable or dissolvable comprise various vitamins and minerals, and in a specific embodiment, comprise vitamin B6, vitamin B9, vitamin B12, calcium, vitamin D3, magnesium, and boron. These compns. are used for nutritional supplementation in order to prevent, treat and/or alleviate the occurrence or neg. effects of cardiovascular disease, colorectal cancer and osteoporosis. Thus, a chewable composition includes 10 mg vitamin B6, 1.6 mg vitamin B9, 25 μg vitamin B12, 200 IU vitamin D, 1342 mg calcium carbonate, 50 mg magnesium dioxide, and 1 mg boron amino acid chelate.

L21 ANSWER 4 OF 9 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2001:265229 CAPLUS
DOCUMENT NUMBER: 134:285588
TITLE: Pharmaceutical formulation for menopausal women comprising fatty acids, calcium compounds, and folic acid
INVENTOR(S): Levinson, R. Saul; Hermelin, Marc S.; Kirschner, Mitchell I.
PATENT ASSIGNEE(S): KV Pharmaceutical Company, USA
SOURCE: PCT Int. Appl., 88 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001024772	A1	20010412	WO 2000-US23527	20000828

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW

RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

US 6479545	B1	20021112	US 1999-409059	19990930
CA 2385854	A1	20010412	CA 2000-2385854	20000828
CA 2385854	C	20050412		
CA 2492417	A1	20010412	CA 2000-2492417	20000828
EP 1216024	A1	20020626	EP 2000-957857	20000828
EP 1216024	B1	20070321		

R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL

BR 2000014438	A	20020820	BR 2000-14438	20000828
JP 2003510344	T	20030318	JP 2001-527771	20000828
AU 778507	B2	20041209	AU 2000-69416	20000828
AT 357213	T	20070415	AT 2000-957857	20000828
MX 2002PA03101	A	20030820	MX 2002-PA3101	20020322
US 2002137749	A1	20020926	US 2002-106381	20020327
ZA 2002002633	A	20030225	ZA 2002-2633	20020404
US 2002173510	A1	20021121	US 2002-131236	20020425
US 2005106266	A1	20050519	US 2004-23871	20041222
AU 2005200907	A1	20050407	AU 2005-200907	20050228
AU 2005200907	B2	20070315		

PRIORITY APPLN. INFO.:	US 1999-409059	A	19990930
	AU 2000-69416	A	20000828
	WO 2000-US23527	W	20000828
	US 2002-131236	A1	20020425
	CA 2005-2385854	A3	20050210

AB The present disclosure relates to novel compns. which provide improved nutritional support for premenopausal and menopausal women and/or relief from symptoms associated with menopause, as well as prophylactic effects, and methods for using same. A pharmaceutical composition contained vitamin A 5000, vitamin D 400, vitamin E 400 IU, vitamin C 100, vitamin B1 20, vitamin B2 20, vitamin B6 25, vitamin B12 50, vitamin B3 100, folic acid 1.0, calcium carbonate 1200, copper 2, zinc 15, DHA/linolenic/linoleic acid 50/25/25 mg, and selenium 65 μg.

REFERENCE COUNT: 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L21 ANSWER 5 OF 9 MEDLINE on STN

ACCESSION NUMBER:	2006725865 MEDLINE
DOCUMENT NUMBER:	PubMed ID: 17163248
TITLE:	Evaluation of pharmacotherapy in geriatric patients after performing complete geriatric assessment at a diagnostic day clinic.
AUTHOR:	Frankfort Suzanne V; Tulner Linda R; van Campen Jos P C M; Koks Cornelis H W; Beijnen Jos H
CORPORATE SOURCE:	Department of Geriatric Medicine, Slotervaart Hospital, Amsterdam, The Netherlands.. apsfr@slz.nl
SOURCE:	Clinical drug investigation, (2006) Vol. 26, No. 3, pp. 169-74. Journal code: 9504817. ISSN: 1173-2563.
PUB. COUNTRY:	New Zealand
DOCUMENT TYPE:	Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:	English
FILE SEGMENT:	Priority Journals
ENTRY MONTH:	200701
ENTRY DATE:	Entered STN: 14 Dec 2006 Last Updated on STN: 4 Jan 2007 Entered Medline: 3 Jan 2007

AB BACKGROUND: Elderly patients often take multiple drugs. It is known that polypharmacy, i.e. use of five or more drugs, may lead to drug interactions and adverse events. However, undertreatment of conditions or illnesses is also a concern in geriatric patients. A centralised review of both diagnoses and medication may play a key role in optimising pharmacotherapy in geriatric patients. The aims of this study were to evaluate the quality and appropriateness of medication after performing a complete geriatric assessment (CGA) and medication review at a diagnostic geriatric day clinic, to investigate reasons for drug changes, and to determine whether medication review leads to a reduction in the number of drugs used. METHODS: A chart review was performed in 702 patients (mean age 82.0 years, range 57.1-104.1 years) who underwent a CGA at a diagnostic geriatric day clinic. Medication at admission, changes in medication and reasons for changes were noted. RESULTS: Vitamins, for

example folic acid and vitamin B
(12) (cyanocobalamin), and trimethoprim for urinary tract infections were the most frequently started medications after CGA and medication review. The number of drugs used was reduced in only a minority of patients (11.7%); reasons for discontinuation were a diagnosis that was no longer relevant (38.8%), adverse events (33.2%) and identification of better pharmacotherapeutic options (22.0%). In 69.2% of the cases a new diagnosis was the reason for starting a new medication, followed by osteoporosis prophylaxis (15.0%) and improvement in pharmacotherapy (10.6%). At admission, patients were taking a mean number of 4.6 drugs (range 0-17). A mean of 0.8 drugs (range from reduction of 5 to addition of 7) had been added per patient, resulting in a mean number of 5.4 (range 0-18) prescribed drugs at discharge. CONCLUSION: Evaluation of medication in patients after performing CGA at the geriatric day clinic investigated resulted in relevant medication changes. The main reason for prescribing new drugs was a new diagnosis. Absence of a relevant medical indication was the main reason for stopping drugs. CGA and medication review resulted in a mean net addition of 0.8 drugs per patient.

L21 ANSWER 6 OF 9 MEDLINE on STN
ACCESSION NUMBER: 2005388572 MEDLINE
DOCUMENT NUMBER: PubMed ID: 16047264
TITLE: Dietary determinants of plasma homocysteine concentrations.
AUTHOR: Verhoef Petra; de Groot Lisette C P G M
CORPORATE SOURCE: Division of Human Nutrition, Wageningen University, Nutrition and Health Programme, Wageningen, The Netherlands.
SOURCE: Seminars in vascular medicine, (2005 May) Vol. 5, No. 2, pp. 110-23. Ref: 110
Journal code: 100940307. ISSN: 1528-9648.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200509
ENTRY DATE: Entered STN: 28 Jul 2005
Last Updated on STN: 30 Sep 2005
Entered Medline: 29 Sep 2005

AB Severe hyperhomocysteinemia is typically caused by rare enzymatic defects or by renal failure. In contrast, mild to moderate hyperhomocysteinemia chiefly results from suboptimal status of nutritional factors involved in homocysteine metabolism. Low dietary intake of folate is the most important nutritional cause of elevated homocysteine (tHcy) concentrations. Folic acid is more effective than dietary folate in lowering tHcy concentrations, and a daily dose of 400 mug of folic acid is the minimum daily dose associated with the maximum tHcy-lowering effect (approximately 20-25% reduction). Mean fasting tHcy concentrations have dropped substantially in populations with mandatory folic acid fortification, and other B-vitamins, such as vitamin B (12), are important determinants of tHcy levels in this setting. Vitamins B (2) and B (6) have little influence on fasting tHcy concentrations, although the former may be relevant in individuals with the MTHFR 677 TT-genotype, and the latter may improve tHcy catabolism in elderly individuals. Betaine and choline can lower fasting tHcy concentrations to a similar extent as folic acid, particularly in the setting of a high intake of methionine. Consumption of tea and coffee increase tHcy concentrations by up to 20%. A high-protein meal also increases tHcy, but these changes are transient, and levels return to normal after an overnight fast. Serine and cystine also influence the methionine-induced postprandial rise in tHcy concentrations. In conclusion, alteration in dietary intake or use of folic acid supplements can substantially lower tHcy concentrations. However, it is not known whether lowering tHcy

levels can reduce the risk of cardiovascular disease or cognitive decline or prevent pregnancy complications or osteoporosis.

L21 ANSWER 7 OF 9 MEDLINE on STN
ACCESSION NUMBER: 2003225294 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12715291
TITLE: [Causes of osteoporosis: don't forget celiac disease]. Ursachen der Osteoporose: Zoliakie nicht vergessen.
AUTHOR: Scharla SSscharla@gmx.de
SOURCE: Deutsche medizinische Wochenschrift (1946), (2003 Apr 25) Vol. 128, No. 17, pp. 916-9. Journal code: 0006723. ISSN: 0012-0472.
PUB. COUNTRY: Germany: Germany, Federal Republic of
DOCUMENT TYPE: (CASE REPORTS) (ENGLISH ABSTRACT) Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: German
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200305
ENTRY DATE: Entered STN: 16 May 2003 Last Updated on STN: 30 May 2003 Entered Medline: 29 May 2003
AB HISTORY AND PHYSICAL EXAMINATION: A 60-year old woman presented with osteoporosis. Because clinical symptoms did not improve after treatment, further diagnostic procedures were performed in order to further characterize the metabolic bone disease. The patient reported loss of weight,nonspecific gastrointestinal symptoms (recurrent abdominal pain),and constipation. The diet history revealed a milk intolerance.Several family members were suffering from autoimmune diseases. During physical examination the patient exhibited clinical signs of osteoporosis(back pain, change of stature), but otherwise no pathological findings. LABORATORY FINDINGS: The technical examinations showed low bone mineral density at the spine. The routine laboratory examination (including serum calcium, phosphorus, alkaline phosphatase)was normal. However, further testing revealed low concentrations for 25-hydroxy-vitamin D, folic acid, vitamin B 12, an increased IgA and significantly elevated antigliadin antibodies and antiendomysial antibodies. Histopathological examination of the duodenal mucosa was in accordance with the diagnosis celiac sprue. The histopathologic examination of a transiliac bone biopsy exhibited high bone turnover, osteopenia, but no osteomalacia. DIAGNOSIS AND THERAPY: Therefore, the diagnosis of celiac sprue with metabolic bone disease was established. Treatment with gluten-free diet and supplementation of calcium and vitamin D was initiated. CONCLUSION: This case demonstrates that careful diagnostic evaluation of patients with osteoporosis is necessary,because therapeutic consequences are the result.

L21 ANSWER 8 OF 9 MEDLINE on STN
ACCESSION NUMBER: 92017383 MEDLINE
DOCUMENT NUMBER: PubMed ID: 1921842
TITLE: [Folic acid and vitamin deficiency caused by oral contraceptives]. Folsaure- und Vitaminmangel durch orale Kontrazeptiva.
AUTHOR: Bielenberg J
SOURCE: Medizinische Monatsschrift fur Pharmazeuten, (1991 Aug) Vol. 14, No. 8, pp. 244-7. Ref: 17 Journal code: 7802665. ISSN: 0342-9601. Report No.: PIP-070495; POP-00213303.
PUB. COUNTRY: GERMANY: Germany, Federal Republic of
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE) General Review; (REVIEW)
LANGUAGE: German
FILE SEGMENT: Priority Journals; Population

ENTRY MONTH: 199111
ENTRY DATE: Entered STN: 24 Jan 1992
Last Updated on STN: 1 Nov 2002
Entered Medline: 13 Nov 1991

AB Recently there have been reports that long-term use of estrogen-containing oral contraceptives (OCs) can induce folic acid and vitamin B deficiency which can lead to hematopoiesis. The symptoms are paleness, forgetfulness, sleeplessness, and euphoric and depressive states. This deficiency occurs when serum folic content falls below 8 nmol/1 or 3 ng/ml. According to a nutrition group blood folic acid level declined up to 40% in patients taking OCs. In a Sri Lanka study of healthy women aged 20-45 taking Ovulen 50 (.05 mg of ethinyl estradiol and 1 mg of ethynodiol diacetate) folic acid level dropped in the 1st 6 months stabilizing at 2.2 ng/ml in those from the lowest social classes and at 2.9 ng/ml in those from privileged classes. Prophylactic substitution of folic acid in the diet was recommended by WHO, but it is less effective since it appears in the diet as polyglutamate that has to be broken down to absorbable monoglutamate. A US study found that taking OCs for 60 months resulted in a 40% reduction of the vitamin B12 serum level, while vitamin B12 concentrations in erythrocytes and peripheral blood stayed normal. Vitamin B12 helps recover tetrahydrofolic acid from N-methyltetrahydrofolic acid. Possibly this is another manifestation of OC-induced folic acid hypovitaminosis. OCs can also influence tryptophan metabolism reducing its blood concentration whereby less 5-hydroxytryptamine (serotonin) is produced. This results in headache, concentration decreases irritability, and sleep disturbances. In addition, lower riboflavin (vitamin B2) and thiamin concentration in erythrocytes was reported after using OCs. Counseling on the possible effect on vitamin stores and on proper nutrition including folic acid as monoglutamate is necessary for women who use OCs or estrogen substitution therapy for postmenopause or for osteoporosis prophylaxis.

L21 ANSWER 9 OF 9 MEDLINE on STN
ACCESSION NUMBER: 64080632 MEDLINE
DOCUMENT NUMBER: PubMed ID: 14122886
TITLE: [CONGENITAL HYPOPLASTIC STATE OF THE HEMATOPOIETIC SYSTEM IN CHILDREN].
VROZHDENNYE GIPOPLASTICHESKIE SOSTOIANIIA KROVOTVORNO I SISTEMY U DETE I.
AUTHOR: MYKHAMEDZIANOVA G S
SOURCE: Pediatriia, (1963 Oct) Vol. 42, pp. 17-21.
Journal code: 0405563. ISSN: 0031-403X.
PUB. COUNTRY: RUSSIA: Russian Federation
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Russian
FILE SEGMENT: OLDMEDLINE; NONMEDLINE
ENTRY MONTH: 199612
ENTRY DATE: Entered STN: 16 Jul 1999
Last Updated on STN: 16 Jul 1999
Entered Medline: 1 Dec 1996

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L24 ANSWER 7 OF 14 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2001:796075 CAPLUS
DOCUMENT NUMBER: 136:166538
TITLE: Micronutrients in women's health and immune function
AUTHOR(S): Bendich, Adrianne
CORPORATE SOURCE: GlaxoSmithKline Consumer Healthcare, Parsippany, NJ, USA
SOURCE: Nutrition (New York, NY, United States) (2001), 17(10), 858-867
CODEN: NUTRER; ISSN: 0899-9007
PUBLISHER: Elsevier Science Inc.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review. Lawrence J. Machlin's contributions to elucidating the roles of nutrients in optimizing human health included the support of research in the areas of women's health and immune function. Several essential nutrients have been shown to affect women's health throughout the different life stages. Symptoms of premenstrual syndrome affect the vast majority of menstruating women, and calcium supplementation significantly reduces phys. and emotional symptoms. Premenstrual syndrome in fact might be a predictor of osteoporosis induced by low Ca intake. Periconceptional multivitamin supplementation has reduced the risk of serious birth defects, premature delivery, and low birth weight by 50% and improved maternal health during pregnancy. Micronutrients of particular importance for prevention of adverse pregnancy outcomes are folic acid, Zn, and Fe. However, if the preterm delivery is caused by preeclampsia, then data suggest that Ca supplementation and high doses of vitamins C and E significantly reduce that risk. Well-controlled studies consistently have shown that Ca supplementation, with or without vitamin D, significantly reduces the risk of hip fracture. Antioxidants such as vitamins C and E have been shown to reduce the risk of fracture in women smokers. As in the rapidly growing embryo, the immune system includes rapidly multiplying cells whose functions are dramatically affected by an individual's micronutrient status. Multivitamins have been shown to enhance many aspects of immune response, and antioxidant micronutrients consistently have been found to enhance lymphocyte-proliferative responses and skin-test responses, especially in the elderly.
REFERENCE COUNT: 134 THERE ARE 134 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L24 ANSWER 8 OF 14 MEDLINE on STN
ACCESSION NUMBER: 2005248061 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15885582
TITLE: An introduction to dietary/supplemental omega-3 fatty acids for general health and prevention: part II.
AUTHOR: Moyad Mark A
CORPORATE SOURCE: Phil F. Jenkins Director of Complementary & Alternative Medicine, Department of Urology, University of Michigan Medical Center, Ann Arbor, 48109-0330, USA.. moyad@umich.edu
SOURCE: Urologic oncology, (2005 Jan-Feb) Vol. 23, No. 1, pp. 36-48. Ref: 155
Journal code: 9805460. ISSN: 1078-1439.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200509
ENTRY DATE: Entered STN: 12 May 2005
Last Updated on STN: 28 Sep 2005

Entered Medline: 27 Sep 2005

AB The correction of a subtle nutritional deficiency that may reduce the risk of a future chronic disease is indeed a challenge. However, some specific examples in the past, such as the addition of folic acid to prevent neural tube defects and calcium and vitamin D to prevent osteoporosis, should provide some encouragement that some conditions can be prevented with the appropriate addition of a deficient compound. One of the most intriguing current and future impacts on public health may come from a higher intake of omega-3 fatty acids, such as alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA). The omega-3 fatty acids continue to accumulate research that suggests that they may prevent a variety of diverse chronic diseases and potentially some acute clinical scenarios. In the first part of this article, the potential for these compounds to prevent certain cardiovascular conditions are discussed. In the second part, the potential for an impact in arthritis, numerous areas of cancer research, depression, maternal and child health, neurologic diseases, osteoporosis, and other medical disciplines are also briefly covered. The future appears bright for these agents, but specifically which conditions, who qualifies, testing, frequency, adequate sources, future trials, and numerous other questions need to be addressed and answered before the potential impact can catch up to the recent hype.

L24 ANSWER 9 OF 14 MEDLINE on STN
ACCESSION NUMBER: 2005248060 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15885581
TITLE: An introduction to dietary/supplemental omega-3 fatty acids for general health and prevention: part I.
AUTHOR: Moyad Mark A
CORPORATE SOURCE: Phil F. Jenkins Director of Complementary & Alternative Medicine, Department of Urology, University of Michigan Medical Center, Ann Arbor, 48109-0330, USA.. moyad@umich.edu
SOURCE: Urologic oncology, (2005 Jan-Feb) Vol. 23, No. 1, pp. 28-35. Ref: 41
Journal code: 9805460, ISSN: 1078-1439.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200509
ENTRY DATE: Entered STN: 12 May 2005
Last Updated on STN: 28 Sep 2005
Entered Medline: 27 Sep 2005

AB The correction of a subtle nutritional deficiency that may reduce the risk of a future chronic disease is indeed a challenge. However, some specific examples in the past, such as the addition of folic acid to prevent neural tube defects and calcium and vitamin D to prevent osteoporosis, should provide some encouragement that some conditions can be prevented with the appropriate addition of a deficient compound. One of the most intriguing current and future impacts on public health may come from a greater intake of omega-3 fatty acids such as alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA). The omega-3 fatty acids continue to accumulate research that suggests that may prevent a variety of diverse chronic diseases and potentially some acute clinical scenarios. In Part 1 of this manuscript the potential for these compounds to prevent certain cardiovascular conditions are discussed. In Part 2 the potential for an impact in arthritis, numerous areas of cancer research, depression, maternal and child health, neurological diseases, osteoporosis, and other medical disciplines are also briefly covered. The future appears bright for these agents, but specifically which conditions, who qualifies, testing, frequency, adequate sources, future trials and

numerous other questions need to be addressed and answered before the potential impact can catch up to the recent hype.

L24 ANSWER 10 OF 14 MEDLINE on STN
ACCESSION NUMBER: 2001610768 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11684393
TITLE: Micronutrients in women's health and immune function.
AUTHOR: Bendich A
CORPORATE SOURCE: GlaxoSmithKline Consumer Healthcare, 1500 Littleton Road, Parsippany, NJ 07054-3884, USA.. adrianne.4.bendich@gsk.com
SOURCE: Nutrition (Burbank, Los Angeles County, Calif.), (2001 Oct) Vol. 17, No. 10, pp. 858-67. Ref: 134
Journal code: 8802712. ISSN: 0899-9007.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200204
ENTRY DATE: Entered STN: 2 Nov 2001
Last Updated on STN: 9 Apr 2002
Entered Medline: 8 Apr 2002

AB Lawrence J. Machlin's contributions to elucidating the roles of nutrients in optimizing human health included the support of research in the areas of women's health and immune function. Several essential nutrients have been shown to affect women's health throughout the different life stages. Symptoms of premenstrual syndrome affect the vast majority of menstruating women, and calcium supplementation significantly reduces physical and emotional symptoms. Premenstrual syndrome in fact might be a predictor of osteoporosis induced by low calcium intake. Periconceptional multivitamin supplementation has reduced the risk of serious birth defects, premature delivery, and low birth weight by 50% and improved maternal health during pregnancy. Micronutrients of particular importance for prevention of adverse pregnancy outcomes are folic acid, zinc, and iron. However, if the preterm delivery is caused by preeclampsia, then data suggest that calcium supplementation and high doses of vitamins C and E significantly reduce that risk. Well-controlled studies consistently have shown that calcium supplementation, with or without vitamin D, significantly reduces the risk of hip fracture. Antioxidants such as vitamins C and E have been shown to reduce the risk of fracture in women smokers. As in the rapidly growing embryo, the immune system includes rapidly multiplying cells whose functions are dramatically affected by an individual's micronutrient status. Multivitamins have been shown to enhance many aspects of immune response, and antioxidant micronutrients consistently have been found to enhance lymphocyte-proliferative responses and skin-test responses, especially in the elderly.

L24 ANSWER 11 OF 14 MEDLINE on STN
ACCESSION NUMBER: 2000098334 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10632643
TITLE: The effects of 1-year gluten withdrawal on bone mass, bone metabolism and nutritional status in newly-diagnosed adult coeliac disease patients.
AUTHOR: Sategna-Guidetti C; Grosso S B; Grosso S; Mengozzi G; Aimo G; Zaccaria T; Di Stefano M; Isaia G C
CORPORATE SOURCE: Dipartimento di Medicina Interna, Universita di Torino, Italy.. carla.sategna@unito.it
SOURCE: Alimentary pharmacology & therapeutics, (2000 Jan) Vol. 14, No. 1, pp. 35-43.
Journal code: 8707234. ISSN: 0269-2813.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200002
ENTRY DATE: Entered STN: 29 Feb 2000
Last Updated on STN: 29 Feb 2000
Entered Medline: 17 Feb 2000

AB OBJECTIVES: To evaluate the impact of a 1-year gluten-free diet on bone metabolism and nutritional status in coeliac disease. METHODS: Bone mineral density, serum indices of bone remodelling, clinical and biochemical nutritional assessment were evaluated in 86 consecutive newly-diagnosed, biopsy proven, coeliac disease patients (untreated). A complete reevaluation, including intestinal biopsy, was repeated within 1 year of dietary treatment (treated). RESULTS: Untreated: according to WHO criteria, 34% of patients had a normal bone mineral density, 40% had osteopenia and 26% osteoporosis. Between males and females there were no statistical differences in bone metabolism or in most of the nutritional indices, while, between fertile and postmenopausal women, bone mineral density and several bone metabolism markers were significantly different. Compared to subjects with a normal bone mineral density, osteopenics had higher bone specific alkaline phosphatase (BAP) and Bone-Gla-protein (BGP) values. In patients with a concomitant BAP increase and 25OH vitamin D serum level reduction, bone mineral density and several bone turnover markers were statistically different compared to patients without such a serological pattern. Treated: notwithstanding intestinal biopsy which showed a mucosal recovery in only 57%, gluten-free diet led, even in postmenopausal women, to a significant improvement in bone mineral density, bone metabolism and nutrition, except for folic acid, albumin and pre-albumin serum levels which persisted as abnormal in patients with obdurate mucosal impairment. CONCLUSIONS: Coeliac disease patients are at high risk for developing a low bone mineral density and bone turnover impairment. A gluten-free diet can improve this situation even in postmenopausal women and in patients with incomplete mucosal recovery.

L24 ANSWER 12 OF 14 MEDLINE on STN
ACCESSION NUMBER: 1999007409 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9791197
TITLE: Simple, sensible preventive measures for managed care settings.
AUTHOR: Waltzer K B
CORPORATE SOURCE: Convergence Health, Inc., Santa Monica, CA, USA.
SOURCE: Geriatrics, (1998 Oct) Vol. 53, No. 10, pp. 65-8, 75-7, 81; quiz 82. Ref: 29
Journal code: 2985102R. ISSN: 0016-867X.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 199810
ENTRY DATE: Entered STN: 6 Jan 1999
Last Updated on STN: 6 Jan 1999
Entered Medline: 30 Oct 1998

AB The best preventive care consists of a combination of office-based services: patient education, life style counseling, clinical vigilance through routine check ups, and the administration of timely screening. In a healthcare environment of tightened resources, tighter schedules, and increased patient demand for your time, it is nevertheless possible to offer substantive preventive care for older patients in an efficient and cost effective manner. Interventions for cardiovascular disease include weight loss, a low-fat diet, vitamin E, and folic acid . Screening is recommended for breast, cervical, and colon cancer, but

prostate cancer screening is controversial. The value of mammograms in women over age 50 is well-established. Preventive measures for osteoporosis include calcium and vitamin D, estrogen replacement, and weight-bearing exercise.

L24 ANSWER 13 OF 14 MEDLINE on STN
ACCESSION NUMBER: 95187039 MEDLINE
DOCUMENT NUMBER: PubMed ID: 7881322
TITLE: The role of nutrition in osteoporosis.
AUTHOR: Bunker V W
CORPORATE SOURCE: School of Pharmacy and Biomedical Sciences, University of Portsmouth, England, UK.
SOURCE: British journal of biomedical science, (1994 Sep) Vol. 51, No. 3, pp. 228-40. Ref: 197
Journal code: 9309208. ISSN: 0967-4845.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199504
ENTRY DATE: Entered STN: 25 Apr 1995
Last Updated on STN: 25 Apr 1995
Entered Medline: 7 Apr 1995
AB Osteoporosis-related bone fractures are a significant cause of mortality and morbidity, with women being particularly affected. Osteoporosis is a condition of bone fragility resulting from micro-architectural deterioration and decreased bone mass; adult bone mass depends upon the peak attained and the rate of subsequent loss; each depends on the interaction of genetic, hormonal, environmental and nutritional factors. An adequate supply of calcium is essential to attain maximum bone mass, and adult intakes below about 500 mg/day may predispose to low bone mass. Supplementation with calcium may conserve bone at some skeletal sites, but whether this translates into reduced fracture rates is not clear. Chronically low intakes of vitamin D--and possibly magnesium, boron, fluoride and vitamins K, B12, B6 and folic acid (particularly if co-existing)--may pre-dispose to osteoporosis. Similarly, chronically high intakes of protein, sodium chloride, alcohol and caffeine may also adversely affect bone health. The typical Western diet (high in protein, salt and refined, processed foods) combined with an increasing sedentary lifestyle may contribute to the increasing incidence of osteoporosis in the elderly.

L24 ANSWER 14 OF 14 MEDLINE on STN
ACCESSION NUMBER: 85057814 MEDLINE
DOCUMENT NUMBER: PubMed ID: 6594517
TITLE: Osteoporosis in postmenopausal women.
AUTHOR: Renner R P; Boucher L J; Kaufman H W
CONTRACT NUMBER: 2S07RR0577807 (NCRR)
SOURCE: The Journal of prosthetic dentistry, (1984 Oct) Vol. 52, No. 4, pp. 581-8.
Journal code: 0376364. ISSN: 0022-3913.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, U.S. GOV'T, P.H.S.)
LANGUAGE: English
FILE SEGMENT: Dental Journals; Priority Journals
ENTRY MONTH: 198501
ENTRY DATE: Entered STN: 20 Mar 1990
Last Updated on STN: 3 Feb 1997
Entered Medline: 9 Jan 1985
AB Eleven postmenopausal complete denture patients participated in a study to evaluate some possible predictors of osteoporosis. Most

participants in the study reported a low caloric intake and consumed considerably less than the recommended daily allowances of sodium, cholesterol, calcium, fluoride, magnesium, zinc, and folic acid. Many participants in the study were taking additional daily vitamin and mineral supplements. The CCT as measured on radiographs of the second phalynx of the fifth digit of the right hand correlated linearly with the CBD corrected for soft tissue. Panoramic radiographs revealed that all individuals had severe residual ridge resorption. All serum calcium and phosphorus means were within the normal range, while more than 60% of the patients had below normal plasma levels of 25-hydroxyvitamin D. In conclusion, although based on a small sample, it appears that the diet of elderly women in New York is somewhat deficient for adequate skeletal homeostasis. Ideally, the vitamin D status of each patient should be determined and proper supplements prescribed. However, the high cost of analysis suggests that dietary analysis be used on a selected but more frequent basis. Radiation techniques for measuring skeletal porosity are also too complex to perform on a routine basis and should, like dietary analysis, be reserved for patients in whom other clinical signs and symptoms indicate metabolic bone disease.

L25 ANSWER 1 OF 9 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2006:138125 CAPLUS
DOCUMENT NUMBER: 144:198954
TITLE: Mg-Ca-K mixture and its preparation
INVENTOR(S): Shao, Meizhen
PATENT ASSIGNEE(S): Peop. Rep. China
SOURCE: Faming Zhuanli Shenqing Gongkai Shuomingshu, 9 pp.
CODEN: CNXXEV
DOCUMENT TYPE: Patent
LANGUAGE: Chinese
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
CN 1593454	A	20050316	CN 2004-10040047	20040622
PRIORITY APPLN. INFO.:			CN 2004-10040047	20040622

AB The mixture is comprised of Mg 120-240 part, K 37.5-112.5 part, Ca 120-240 part, trace element 15.5-24.5 part, vitamin 160-220 part, and folic acid. The trace element is B, Zn, Cu, Si and Sr, and vitamin is vitamin D3, vitamin K and vitamin B6. The patent relates to the application of Mg-Ca-K mixture to health caring and treating cardiovascular and cerebrovascular disease and osteoporosis.

L25 ANSWER 2 OF 9 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2005:490297 CAPLUS
DOCUMENT NUMBER: 143:32321
TITLE: Nutritional or pharmaceutical composition comprising γ-glutamyl-peptide obtained from Allium for the treatment of increased bone resorption
INVENTOR(S): Muehlbauer, Roman Conrad; Wetli, Herbert
PATENT ASSIGNEE(S): Universitaet Bern, Switz.
SOURCE: PCT Int. Appl., 52 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2005051409	A1	20050609	WO 2004-EP13413	20041125
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
AU 2004292765	A1	20050609	AU 2004-292765	20041125
AU 2004292765	B2	20070222		
CA 2546180	A1	20050609	CA 2004-2546180	20041125
EP 1689422	A1	20060816	EP 2004-798087	20041125
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, FI, RO, CY, TR, BG, CZ, EE, HU, PL, SK, IS				
JP 2007512284	T	20070517	JP 2006-540388	20041125
PRIORITY APPLN. INFO.:			GB 2003-27527 A	20031126
			US 2004-624446P P	20041102
			WO 2004-EP13413 W	20041125

AB The present invention concerns the use of γ-glutamyl-peptides in the treatment or prevention of diseases or conditions which are characterized by increased bone resorption, such as Paget's disease, tumor-induced bone disease or osteoporosis, inhibits dose-dependently the resorption activity of osteoclasts, the minimal ED being about 2 mM. For example, bioassay guided fractionation of ethanolic extract of onion (Allium cepa) gave a compound which inhibited osteoclast activity, identified as γ-L-glutamyl trans-S-1-propenyl-L-cysteine sulfoxide(I). Nutritional supplement in powder form was prepared comprising an onion extract fraction containing I 14.5 g, Ca-caseinate protein 8.7 g, protein from skim milk powder 11 g, omega-6 polyunsatd. acid 1.3 g, omega-3 polyunsatd. acid 0.03 g, lactose 16.5 g, maltodextrin 3.5 g, fiber 5 g, sodium 230 mg, potassium 500 mg, calcium 600 mg, phosphorus 90 mg, chloride 430 mg, zinc 150 mg, retinol 0.3 mg, calciferol 5 mcg, tocopherol 3 mg,phylloquinone 30 mcg, thiamin 0.4 mg, riboflavin 0.5 mg, cyanocobalamin 0.8 mcg, ascorbic acid 20 mg, biotin 50 mcg, folic acid 120 mcg, niacinamide 5 mg and panthothenic acid 2 mg.

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L25 ANSWER 3 OF 9 CAPLUS COPYRIGHT 2007 ACS on STN

ACCESSION NUMBER: 2001:295540 CAPLUS
DOCUMENT NUMBER: 135:205501
TITLE: Alendronate in rheumatoid arthritis patients treated with methotrexate and glucocorticoids
AUTHOR(S): Yilmaz, Lale; Ozoran, Kursat; Gunduz, Osman Hakan; Ucan, Halil; Yucel, Metin
CORPORATE SOURCE: Clinic of Physical Medicine and Rehabilitation, Ankara Numune Education and Research Hospital, Ankara, Turk.
SOURCE: Rheumatology International (2001), 20(2), 65-69
CODEN: RHINDE; ISSN: 0172-8172
PUBLISHER: Springer-Verlag
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Rheumatoid arthritis (RA) is a systemic inflammatory disease. Along with synovial joint inflammation, extra-articular involvement is a common feature of RA. Periarticular and generalized osteoporosis are seen both as an extra-articular feature of the disease itself and due to various medications like glucocorticoids and methotrexate (MTX). In this study, we investigated the effects of oral alendronate in RA patients treated with MTX and prednisolone by comparing the effects of "alendronate + calcium" and "only calcium" on bone mineral d. (BMD). Fifty RA patients classified according to American Rheumatism Association (ARA) criteria were included in the study. The control group consisted of 20 postmenopausal osteoporotic patients. The RA patients were divided randomly into two groups. All patients were started on MTX 7.5 mg/wk, 2.5-mg daily folic acid, and 7.5-mg daily prednisolone. The first group, consisting of 25 female RA patients, was also given 10-mg daily alendronate and 1000-mg daily calcium. The second group also consisted of 25 female patients and was given only 1000-mg calcium per day. The postmenopausal control group was given daily 10-mg alendronate and 1000-mg calcium. Bone mineral densities were measured by dual-energy x-ray absorptiometry (DEXA) and again at the end of the sixth month. At the end of the study, RA patients given only calcium had reduced mean BMD, and patients treated with alendronate and calcium showed increased mean BMD almost in all regions. This increase was significant in the L2 and L1-4 total regions. In postmenopausal osteoporotic patients, we saw statistically significant increases in BMD in all regions. The increase in BMD values in RA patients treated with alendronate was smaller than in those of the control group of postmenopausal osteoporosis patients. In conclusion, RA itself has a risk factor for osteoporosis in addition to the risks of the medications like corticosteroids and MTX. In the prevention and treatment of RA-associated osteoporosis,

alendronate and calcium therapy is effective and well tolerated.
REFERENCE COUNT: 24 THERE ARE 24 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L25 ANSWER 4 OF 9 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2001:31340 CAPLUS
DOCUMENT NUMBER: 134:95502
TITLE: Compositions and methods for treating or preventing osteoporosis
INVENTOR(S): Prince, Richard Lewis; Min, Xu
PATENT ASSIGNEE(S): University of Western Australia, Australia; Guangzhou University of Traditional Chinese Medicine
SOURCE: PCT Int. Appl., 93 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001001996	A1	20010111	WO 2000-AU737	20000629
WO 2001001996	A9	20020912		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRIORITY APPLN. INFO.: AU 1999-1273 A 19990629
AB The invention relates to a therapeutic composition and method for treating osteoporosis and other calcium, and/or estrogen related disorders. Examples are given for treating osteoporosis with exts. of plants such as Epimedium koreanum, Salvia miltiorrhiza, Asragalus membranaceus, Pueraria thomsonii, and Psoralea coryliofolia.
REFERENCE COUNT: 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L25 ANSWER 5 OF 9 MEDLINE on STN
ACCESSION NUMBER: 2006435609 MEDLINE
DOCUMENT NUMBER: PubMed ID: 16858966
TITLE: Homocystinuria in Thai patient--Phramongkutklao Hospital experience.
AUTHOR: Panthawasit Jedsada; Boonyawat Boonchai; Boonyavarakul Apussanee; Kamolsilp Mahattana; Suthijamroon Ampha
CORPORATE SOURCE: Department of Internal Medicine, Phramongkutklao Hospital, Bangkok, Thailand.. Panthawasit@hotmail.com
SOURCE: Journal of the Medical Association of Thailand = Chotmaihet thangphaet, (2005 Nov) Vol. 88 Suppl 3, pp. S257-62.
Journal code: 7507216. ISSN: 0125-2208.
PUB. COUNTRY: Thailand
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200609
ENTRY DATE: Entered STN: 25 Jul 2006
Last Updated on STN: 29 Sep 2006
Entered Medline: 28 Sep 2006
AB Homocystinuria is a rare autosomal recessive disorder of amino acid metabolism. Classic (type I) homocystinuria is the most common type and

occurs as a consequence of a deficiency of cystathionine-b-synthase, producing increased blood and urine homocysteine. The authors report a 15-year-old Thai male who presented with generalized tonic-clonic seizures from superior sagittal sinus thrombosis, bilateral downward subluxation of ocular lenses (ectopia lentis), Marfanoid habitus, osteoporosis, attention deficit and hyperactivity disorder. Urine metabolic screening was positive for cyanide nitroprusside test. Levels of plasma homocysteine and methionine were elevated. The clinical and laboratory findings in this case are consistent with the diagnosis of "type I" or "classical homocystinuria". The treatment was started with a low methionine diet, vitamin B6 or pyridoxine, folic acid, anticonvulsants, antithrombotic treatment and calcium supplementation. Genetic counseling was provided to the family with the recurrent risk of 25%. Definite diagnosis by enzyme assay or mutation analysis and also prenatal diagnosis are not established in Thailand.

L25 ANSWER 6 OF 9 MEDLINE on STN
ACCESSION NUMBER: 2005073647 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15702597
TITLE: Vegetarian diets: what are the advantages?.
AUTHOR: Leitzmann Claus
CORPORATE SOURCE: Institute of Nutritional Sciences, University of Giessen, Giessen, Germany.. claus.leitzmann@ernaehrung.uni-giessen.de
SOURCE: Forum of nutrition, (2005) No. 57, pp. 147-56. Ref: 17
Journal code: 101194770. ISSN: 1660-0347.
PUB. COUNTRY: Switzerland
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200506
ENTRY DATE: Entered STN: 11 Feb 2005
Last Updated on STN: 28 Jun 2005
Entered Medline: 27 Jun 2005

AB A growing body of scientific evidence indicates that wholesome vegetarian diets offer distinct advantages compared to diets containing meat and other foods of animal origin. The benefits arise from lower intakes of saturated fat, cholesterol and animal protein as well as higher intakes of complex carbohydrates, dietary fiber, magnesium, folic acid, vitamin C and E, carotenoids and other phytochemicals. Since vegetarians consume widely divergent diets, a differentiation between various types of vegetarian diets is necessary. Indeed, many contradictions and misunderstandings concerning vegetarianism are due to scientific data from studies without this differentiation. In the past, vegetarian diets have been described as being deficient in several nutrients including protein, iron, zinc, calcium, vitamin B12 and A, n-3 fatty acids and iodine. Numerous studies have demonstrated that the observed deficiencies are usually due to poor meal planning. Well-balanced vegetarian diets are appropriate for all stages of the life cycle, including children, adolescents, pregnant and lactating women, the elderly and competitive athletes. In most cases, vegetarian diets are beneficial in the prevention and treatment of certain diseases, such as cardiovascular disease, hypertension, diabetes, cancer, osteoporosis, renal disease and dementia, as well as diverticular disease, gallstones and rheumatoid arthritis. The reasons for choosing a vegetarian diet often go beyond health and well-being and include among others economical, ecological and social concerns. The influences of these aspects of vegetarian diets are the subject of the new field of nutritional ecology that is concerned with sustainable life styles and human development.

L25 ANSWER 7 OF 9 MEDLINE on STN
ACCESSION NUMBER: 2004433137 MEDLINE

DOCUMENT NUMBER: PubMed ID: 15338580
TITLE: [Non-pregnant women's nutrition and its impact in life quality].
Nutricion de la mujer no embarazada y su impacto en la calidad de vida.
AUTHOR: Casanueva E
CORPORATE SOURCE: Dpto. de Investigacion en Nutricion, Instituto Nacional de Perinatologia, Montes Urales 800, Mexico, DF CP 11000.. Casanuev@servidor.unam.mx
SOURCE: Ginecologia y obstetricia de Mexico, (1999 Mar) Vol. 67, pp. 104-12. Ref: 38
Journal code: 0376552. ISSN: 0300-9041.
PUB. COUNTRY: Mexico
DOCUMENT TYPE: (ENGLISH ABSTRACT)
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: Spanish
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200502
ENTRY DATE: Entered STN: 2 Sep 2004
Last Updated on STN: 4 Feb 2005
Entered Medline: 3 Feb 2005

AB Emphasis is made in the nutrition aspects related to women at reproductive age that are not pregnant or lactating and that includes the variations that happen throughout the menstrual cycle, fluctuations in energy expenditure, body composition and mood. Nutrition role in some premenstrual syndrome alterations as premenstrual stress (serotonin, magnesium, calcium and vitamin E), anemia, gynecological cancers (antioxidants, alcohol, folic acid, lipids, fiber and phytosterols) and osteoporosis (exercise and diet) are also described, as well as the impact on nutrition of the use of contraceptive methods (hormonal and intrauterine devices). Practical recommendations directed toward the evaluation and management of the main nutrition needs of adult women are included.

L25 ANSWER 8 OF 9 MEDLINE on STN
ACCESSION NUMBER: 2001167430 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11269535
TITLE: Alendronate in rheumatoid arthritis patients treated with methotrexate and glucocorticoids.
AUTHOR: Yilmaz L; Ozoran K; Gunduz O H; Ucan H; Yucel M
CORPORATE SOURCE: Clinic of Physical Medicine and Rehabilitation, Ankara Numune Education and Research Hospital, Turkey.
SOURCE: Rheumatology international, (2001 Feb) Vol. 20, No. 2, pp. 65-9.
Journal code: 8206885. ISSN: 0172-8172.
PUB. COUNTRY: Germany: Germany, Federal Republic of
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200105
ENTRY DATE: Entered STN: 21 May 2001
Last Updated on STN: 21 May 2001
Entered Medline: 17 May 2001

AB Rheumatoid arthritis (RA) is a systemic inflammatory disease. Along with synovial joint inflammation, extra-articular involvement is a common feature of RA. Periarticular and generalized osteoporosis are seen both as an extra-articular feature of the disease itself and due to various medications like glucocorticoids and methotrexate (MTX). In this study, we investigated the effects of oral alendronate in RA patients treated with MTX and prednisolone by comparing the effects of "alendronate+calcium" and "only calcium" on bone

mineral density (BMD). Fifty RA patients classified according to American Rheumatism Association (ARA) criteria were included in the study. The control group consisted of 20 postmenopausal osteoporotic patients. The RA patients were divided randomly into two groups. All patients were started on MTX 7.5 mg/week, 2.5-mg daily folic acid, and 7.5-mg daily prednisolone. The first group, consisting of 25 female RA patients, was also given 10-mg daily alendronate and 1000-mg daily calcium. The second group also consisted of 25 female patients and was given only 1000-mg calcium per day. The postmenopausal control group was given daily 10-mg alendronate and 1000-mg calcium. Bone mineral densities were measured by dual-energy x-ray absorptiometry (DEXA) and again at the end of the sixth month. At the end of the study, RA patients given only calcium had reduced mean BMD, and patients treated with alendronate and calcium showed increased mean BMD almost in all regions. This increase was significant in the L2 and L1-4 total regions. In postmenopausal osteoporotic patients, we saw statistically significant increases in BMD in all regions. The increase in BMD values in RA patients treated with alendronate was smaller than in those of the control group of postmenopausal osteoporosis patients. In conclusion, RA itself has a risk factor for osteoporosis in addition to the risks of the medications like corticosteroids and MTX. In the prevention and treatment of RA-associated osteoporosis, alendronate and calcium therapy is effective and well tolerated.

L25 ANSWER 9 OF 9 MEDLINE on STN
ACCESSION NUMBER: 64136706 MEDLINE
DOCUMENT NUMBER: PubMed ID: 14178703
TITLE: METABOLIC EFFECTS OF PARTIAL GASTRECTOMY WITH SPECIAL REFERENCE TO CALCIUM AND FOLIC ACID. I. CHANGES IN CALCIUM METABOLISM AND THE BONES.
AUTHOR: DELLER D J; BEGLEY M D; EDWARDS R G; ADDISON M
SOURCE: Gut, (1964 Jun) Vol. 5, pp. 218-25.
Journal code: 2985108R. ISSN: 0017-5749.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: OLDMEDLINE; NONMEDLINE
ENTRY MONTH: 199612
ENTRY DATE: Entered STN: 16 Jul 1999
Last Updated on STN: 16 Jul 1999
Entered Medline: 1 Dec 1996

L26 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 1999:811042 CAPLUS
DOCUMENT NUMBER: 132:35185
TITLE: Dietary supplement for post-menopausal women
INVENTOR(S): Bell, Stacey J.; Bistrian, Bruce R.; Forse, R. Armour
PATENT ASSIGNEE(S): Beth Israel Deaconess Medical Center, USA
SOURCE: PCT Int. Appl., 21 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9965337	A1	19991223	WO 1999-US13676	19990616
W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
AU 9945738	A	20000105	AU 1999-45738	19990616
PRIORITY APPLN. INFO.:			US 1998-100388 A	19980619
			WO 1999-US13676 W	19990616

AB Bone and cardiovascular health can be maintained by the routine administration of the dietary supplements described herein. A dietary supplement of this invention comprises calcium, phytoestrogen and vitamin D present in amts. sufficient to minimize bone loss in a post-menopausal woman; and dietary fiber, vitamin B12, vitamin B6 and folic acid present in amts. sufficient to reduce total serum cholesterol and low d. lipoprotein cholesterol. The dietary supplement and methods are also useful for women lacking their ovaries or having defective ovaries.

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L30 ANSWER 1 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2005:122793 CAPLUS
DOCUMENT NUMBER: 142:204779
TITLE: Vitamin compositions for treatment of hormonal changes
INVENTOR(S): Venkataraman, Balaji
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 9 pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2005032741	A1	20050210	US 2003-635928	20030806

PRIORITY APPLN. INFO.: US 2003-635928 20030806

AB Provided are vitamin compns. and methods for the treatment or prevention of conditions associated with hormonal changes in an individual. The vitamin compns. contain calcium, vitamin D, folic acid, vitamin B12 and vitamin B6. In a preferred embodiment, the vitamin B12 is a hydroxocobalamin.

L30 ANSWER 2 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2004:692038 CAPLUS
DOCUMENT NUMBER: 142:37435
TITLE: Effects of a low-fat vegan diet and a Step II diet on macro- and micronutrient intakes in overweight postmenopausal women
AUTHOR(S): Turner-McGrievy, Gabrielle M.; Barnard, Neal D.; Scialli, Anthony R.; Lanou, Amy J.
CORPORATE SOURCE: Physicians Committee for Responsible Medicine, Washington, DC, USA
SOURCE: Nutrition (New York, NY, United States) (2004), 20(9), 738-746
CODEN: NUTRER; ISSN: 0899-9007
PUBLISHER: Elsevier Inc.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Objective. This study investigated the nutrient intake of overweight postmenopausal women assigned to a low-fat vegan diet or a Step II diet. Methods. 59 overweight (body mass index, 26 to 44 kg/m2) postmenopausal women were randomly assigned to a self-selected low-fat vegan or a National Cholesterol Education Program Step II diet in a 14-wk controlled trial on weight loss and metabolism Nutrient intake, which was measured per 1000 kcal, was the main outcome measure. Statistical analyses included within-group and between-group t tests examining changes associated with each diet. Results. Consumption of a low-fat vegan diet was associated with greater decreases in fat, saturated fat, protein, and cholesterol intakes and greater increases in carbohydrate, fiber, β-carotene, and total vitamin A intakes than was a Step II diet. The low-fat vegan group also increased thiamin, vitamin B6, and magnesium intakes more than the Step II group, and both groups increased folic acid, vitamin C, and potassium intakes. If considering only food sources of micronutrients, the low-fat vegan group decreased vitamin D, vitamin B12, calcium, selenium, phosphorous, and zinc intakes compared with baseline. However, with incidental supplements included, decreases were evident only in phosphorous and selenium intakes. No micronutrient decreases were found in the Step II group. Conclusions. Individuals on a low-fat vegan or Step II diet should take steps to meet the recommended

intakes of vitamin D, vitamin K, folic acid, calcium, magnesium, and zinc. Individuals on a low-fat vegan diet should also ensure adequate intakes of vitamin B12, phosphorous, and selenium.

REFERENCE COUNT: 58 THERE ARE 58 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L30 ANSWER 3 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2003:396284 CAPLUS
DOCUMENT NUMBER: 138:390950
TITLE: Multivitamin and hormone replacement supplement
INVENTOR(S): Schloss, Caroline Maxine; Fox, Dorothy Jean
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 6 pp., Cont.-in-part of U.S. Ser. No. 736,944, abandoned.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2003096018	A1	20030522	US 2002-252776	20020923
US 2003045510	A1	20030306	US 2000-736944	20001215
PRIORITY APPLN. INFO.:			US 2000-736944	B2 20001215

AB A supplement is disclosed for use by naturally or surgically menopausal women. The supplement includes: estrogen, selenium, zinc, chromium, calcium, copper, phosphorus, magnesium, molybdenum, iodine, beta-carotene, ascorbic acid, vitamin D, vitamin E, vitamin K, thiamin, riboflavin, vitamin B6, vitamin B12, folic acid, iron, pantothenic acid, and biotin. The supplement provides hormone replacement therapy along with nutritional supplements.

L30 ANSWER 4 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2002:107835 CAPLUS
DOCUMENT NUMBER: 136:150542
TITLE: Supplementation of the dietary needs of women and prevention of life stage associated health risks
INVENTOR(S): Jackson, Sherry D.; Blumberg, Jeffrey B.
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 9 pp., Cont. of U.S. Ser. No. 599,471, abandoned.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 4
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2002015742	A1	20020207	US 2001-933417	20010820
US 2002197330	A1	20021226	US 2002-205827	20020726
US 2004058012	A1	20040325	US 2003-661869	20030911
PRIORITY APPLN. INFO.:			US 1998-151925	B1 19980911
			US 2000-599471	B1 20000622
			US 1996-688445	A1 19960730
			US 2001-933417	B1 20010820
			US 2002-205827	B1 20020726

AB A method of supplementing the dietary needs of women is developed, whereby an effective amount of a life stage appropriate dietary supplement is administered to a woman at each of her life stages throughout her life. Thus, the diet of a pre-perimenopausal woman is supplemented daily with

the Stage I dietary supplement. The Stage 1 dietary supplement comprises calcium 200 mg, magnesium 100 mg, boron 1 mg, copper 1mg, manganese 2 mg, zinc 10 mg, vitamin D 200 IU, iron 18 mg, folic acid 400 μg, vitamin B12 2 μg, vitamin B6 50 mg, chromium 50 μg, vitamin E 100 IU, vitamin C 100 mg and phytoestrogen 10 mg.

L30 ANSWER 5 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 2001:265229 CAPLUS
DOCUMENT NUMBER: 134:285588
TITLE: Pharmaceutical formulation for menopausal women comprising fatty acids, calcium compounds, and folic acid
INVENTOR(S): Levinson, R. Saul; Hermelin, Marc S.; Kirschner, Mitchell I.
PATENT ASSIGNEE(S): KV Pharmaceutical Company, USA
SOURCE: PCT Int. Appl., 88 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001024772	A1	20010412	WO 2000-US23527	20000828
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
US 6479545	B1	20021112	US 1999-409059	19990930
CA 2385854	A1	20010412	CA 2000-2385854	20000828
CA 2385854	C	20050412		
CA 2492417	A1	20010412	CA 2000-2492417	20000828
EP 1216024	A1	20020626	EP 2000-957857	20000828
EP 1216024	B1	20070321		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL				
BR 2000014438	A	20020820	BR 2000-14438	20000828
JP 2003510344	T	20030318	JP 2001-527771	20000828
AU 778507	B2	20041209	AU 2000-69416	20000828
AT 357213	T	20070415	AT 2000-957857	20000828
MX 2002PA03101	A	20030820	MX 2002-PA3101	20020322
US 2002137749	A1	20020926	US 2002-106381	20020327
ZA 2002002633	A	20030225	ZA 2002-2633	20020404
US 2002173510	A1	20021121	US 2002-131236	20020425
US 2005106266	A1	20050519	US 2004-23871	20041222
AU 2005200907	A1	20050407	AU 2005-200907	20050228
AU 2005200907	B2	20070315		

PRIORITY APPLN. INFO.:		
US 1999-409059	A	19990930
AU 2000-69416	A	20000828
WO 2000-US23527	W	20000828
US 2002-131236	A1	20020425
CA 2005-2385854	A3	20050210

AB The present disclosure relates to novel compns. which provide improved nutritional support for premenopausal and menopausal women and/or relief from symptoms associated with menopause, as well as prophylactic effects, and methods for using same. A pharmaceutical composition contained vitamin A 5000, vitamin D 400, vitamin E 400 IU,

vitamin C 100, vitamin B1 20, vitamin B2 20, vitamin B6 25, vitamin B12 50, vitamin B3 100, folic acid 1.0, calcium carbonate 1200, copper 2, zinc 15, DHA/linolenic/linoleic acid 50/25/25 mg, and selenium 65 μg.

REFERENCE COUNT: 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L30 ANSWER 6 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 1999:811042 CAPLUS
DOCUMENT NUMBER: 132:35185
TITLE: Dietary supplement for post-menopausal women
INVENTOR(S): Bell, Stacey J.; Bistrian, Bruce R.; Forse, R. Armour
PATENT ASSIGNEE(S): Beth Israel Deaconess Medical Center, USA
SOURCE: PCT Int. Appl., 21 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9965337	A1	19991223	WO 1999-US13676	19990616
W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
AU 9945738	A	20000105	AU 1999-45738	19990616
PRIORITY APPLN. INFO.:			US 1998-100388 A	19980619
			WO 1999-US13676 W	19990616

AB Bone and cardiovascular health can be maintained by the routine administration of the dietary supplements described herein. A dietary supplement of this invention comprises calcium, phytoestrogen and vitamin D present in amts. sufficient to minimize bone loss in a post-menopausal woman; and dietary fiber, vitamin B12, vitamin B6 and folic acid present in amts. sufficient to reduce total serum cholesterol and low d. lipoprotein cholesterol. The dietary supplement and methods are also useful for women lacking their ovaries or having defective ovaries.

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L30 ANSWER 7 OF 8 CAPLUS COPYRIGHT 2007 ACS on STN
ACCESSION NUMBER: 1999:109382 CAPLUS
DOCUMENT NUMBER: 130:173001
TITLE: Pharmaceutical compositions containing multivitamins and mineral supplements for women
INVENTOR(S): Paradissis, George N.; Levinson, R. Saul; Heeter, Gary; Cuca, Robert C.; Vanek, Patrick Paul
PATENT ASSIGNEE(S): K-V Pharmaceuticals Co., USA
SOURCE: U.S., 8 pp., Cont.-in-part of U.S. Ser. No. 262,515, abandoned.
CODEN: USXXAM
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 5
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE

US 5869084	A	19990209	US 1995-474071	19950607
WO 9535098	A1	19951228	WO 1995-US7646	19950615
W: AM, AT, AU, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, HU, JP, KE, KG, KP, KR, KZ, LK, LR, LT, LU, LV, MD, MG, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SI, SK, TJ, TT, UA, UZ, VN				
RW: KE, MW, SD, SZ, UG, AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
AU 9528622	A	19960115	AU 1995-28622	19950615
US 6488956	B1	20021203	US 1999-448744	19991124
US 2002187205	A1	20021212	US 2002-207968	20020731
US 2003068372	A1	20030410	US 2002-308051	20021203
PRIORITY APPLN. INFO.:			US 1994-262515	B2 19940620
			US 1995-474071	A 19950607
			WO 1995-US7646	W 19950615
			US 1998-128466	B1 19980804
			US 1999-448744	A1 19991124
			US 1999-451849	A1 19991201
			US 2001-949710	A1 20010912
			US 2002-207968	A2 20020731

AB Multi-vitamin and mineral supplements for administration to lactating, non-lactating, and menopausal women, comprise specific regimen of critical nutritional agents. The supplements are specifically tailored to meet nutritional requirements and maintain a woman's health during each stage of life. A tablet for lactating non-lactating, and menopausal women contained vitamin D 500, vitamin E 30, beta-carotene 8000 I.U., vitamin B12 12, molybdenum 25, chromium 50, biotin 50, iodine 150 µg, calcium 400, vitamin B6 10, vitamin B3 25, vitamin B2 3.4, vitamin B1 4, iron 36, zinc 25, vitamin C 120, pantothenic acid 15, folic acid 1, copper 2, and magnesium 200 mg.

REFERENCE COUNT: 24 THERE ARE 24 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L30 ANSWER 8 OF 8 MEDLINE on STN
ACCESSION NUMBER: 2004420010 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15325679
TITLE: Effects of a low-fat vegan diet and a Step II diet on macro- and micronutrient intakes in overweight postmenopausal women.
AUTHOR: Turner-McGrievy Gabrielle M; Barnard Neal D; Scialli Anthony R; Lanou Amy J
CORPORATE SOURCE: Physicians Committee for Responsible Medicine, Department of Medicine, George Washington University School of Medicine and Health Science, Washington, DC, USA.
SOURCE: Nutrition (Burbank, Los Angeles County, Calif.), (2004 Sep) Vol. 20, No. 9, pp. 738-46.
Journal code: 8802712. ISSN: 0899-9007.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
(COMPARATIVE STUDY)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200503
ENTRY DATE: Entered STN: 25 Aug 2004
Last Updated on STN: 18 Mar 2005
Entered Medline: 17 Mar 2005

AB OBJECTIVE: This study investigated the nutrient intake of overweight postmenopausal women assigned to a low-fat vegan diet or a Step II diet.

METHODS: Fifty-nine overweight (body mass index, 26 to 44 kg/m2) postmenopausal women were randomly assigned to a self-selected low-fat vegan or a National Cholesterol Education Program Step II diet in a 14-wk controlled trial on weight loss and metabolism. Nutrient intake, which was measured per 1000 kcal, was the main outcome measure. Statistical analyses included within-group and between-group t tests examining changes associated with each diet. RESULTS: Consumption of a low-fat vegan diet was associated with greater decreases in fat, saturated fat, protein, and cholesterol intakes and greater increases in carbohydrate, fiber, beta-carotene, and total vitamin A intakes than was a Step II diet. The low-fat vegan group also increased thiamin, vitamin B6 , and magnesium intakes more than the Step II group, and both groups increased folic acid, vitamin C, and potassium intakes. If considering only food sources of micronutrients, the low-fat vegan group decreased vitamin D, vitamin B12, calcium, selenium, phosphorous, and zinc intakes compared with baseline. However, with incidental supplements included, decreases were evident only in phosphorous and selenium intakes. No micronutrient decreases were found in the Step II group. CONCLUSIONS: Individuals on a low-fat vegan or Step II diet should take steps to meet the recommended intakes of vitamin D, vitamin K, folic acid, calcium, magnesium, and zinc.. Individuals on a low-fat vegan diet should also ensure adequate intakes of vitamin B12, phosphorous, and selenium.

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     (FILE 'HOME' ENTERED AT 14:36:54 ON 31 AUG 2007)

     FILE 'CAPLUS, MEDLINE' ENTERED AT 14:37:25 ON 31 AUG 2007
L1             0 S HOT FLASHE? (P) CALCIUM (P) VITAMIN D (P) FOLIC ACID
L2             0 S HOT FLASHES (P) CALCIUM (P) VITAMIN D (P) FOLIC ACID
L3            33 S HOT FLASHES (P) CALCIUM
L4             0 S L3 AND VITAMIN B6
L5             8 S L3 AND VITAMIN D
L6             0 S L5 AND FOLIC ACID
L7             0 S L5 AND VITAMIN B6
L8             0 S L5 AND VITAMIN B12
L9            25 S L3 NOT L5
L10            0 S L9 AND ?COBALAMIN
L11           11 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) C
L12            0 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) C
L13            0 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) C
L14            0 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) C
L15            1 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) C
L16           10 S L11 NOT L15
L17           38 S HOT FLASHES (P) VITAMIN
L18            8 S HOT FLASHES (P) VITAMIN D
L19            0 S HOT FLASHES (P) FOLIC ACID
L20           54 S (OSTEOPOROSIS OR ENDOMETRIOSIS OR HYPERHOMOCYSTINEAMIA) (P) F
L21            9 S L20 AND VITAMIN B
L22           45 S L20 NOT L21
L23           23 S L22 AND CALCIUM
L24           14 S L23 AND VITAMIN D
L25            9 S L23 NOT L24
L26            1 S BONE LOSS (P) CALCIUM (P) VITAMIN D (P) FOLIC ACID (P) VITAMI
L27            1 S BONE LOSS (P) CALCIUM (P) VITAMIN D (P) FOLIC ACID (P) VITAMI
L28           42 S CALCIUM (P) VITAMIN D (P) FOLIC ACID (P) VITAMIN B6 (P) VITAM
L29            7 S L28 AND MENOPAUSE?
L30            8 S L28 AND ?MENOPAUSE?
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